

Annual Benefits Enrollment Workbook

2013 - 2014

**Montana University
System Employee Benefits**

choices.



STOP! Please read the following Benefit Information..

1. Summary of Benefits and Coverage (SBC)

SBC forms can be found by visiting the following website:
www.choices.mus.edu/SBC.asp

These forms provide the detailed coverage information required by PPACA. If you would like a hard copy, please call toll free 877-501-1722.

2. Waiver of Health Coverage

You have the option to waive coverage with the Montana University System Employee Benefits plan. You must sign the enrollment form stating you are waiving coverage and turn the form into your campus Human Resources Office. If you do not sign and turn in an enrollment form, your coverage will default (see default coverage below). However, Optional Reimbursement Accounts do not continue without a new election.

If you waive coverage, all of the following apply:

- You forfeit the employer portion of your benefit coverage.
- You waive all **Choices** options including medical, dental, life/AD & D, and LTD.
- You cannot enroll until you have a qualifying event.
- A waiting period for coverage of pre-existing conditions will apply if you did not have prior coverage or if there was a break of more than 63 days between the termination of your prior coverage and your effective date on this plan.

If you do not sign and turn in an enrollment form, your default coverage is as follows:

- Existing employees default to present elections if continuing benefits in FY 2014, or to the Traditional Plan.
- New employees who do not enroll during the initial 30 day enrollment period default to all of the following:
 - 1) Employee Only Traditional Plan.
 - 2) Employee Only Basic Dental.
 - 3) \$15,000 Basic Life Insurance/AD & D.
 - 4) Long Term Disability Option 1 (60% of pay/180 day waiting period).

Important Note:

Enrollment for plan year 2013/14 is Closed Enrollment. No dependents can be added to your plan unless there is a qualifying event (see page 2 qualifying events).

Table of Contents

How Choices Works

- 1.....Who's Eligible
- 2.....How to Enroll

Mandatory (must choose) Benefits

- 3.....Medical
 - 3.....Traditional or Managed Care Plans
 - 5.....Schedule of Medical Plan Benefits
 - 10.....Preventive Services
 - 12.....Get Healthy Stay Healthy
 - 14.....Prescription Drug
- 17.....Dental Plan
- 22.....Life Insurance, AD&D & Long Term Disability

Optional (voluntary) Benefits

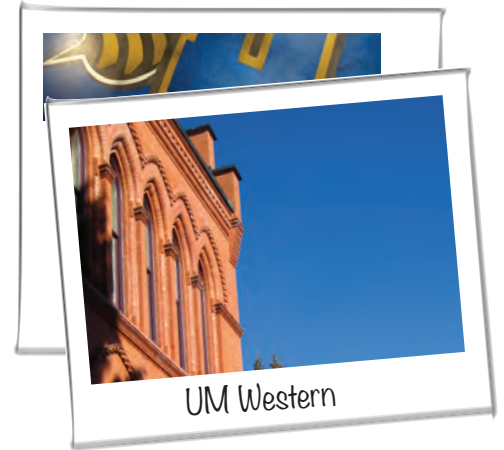
- 23....Supplemental Life Insurance Employee
- 23....Supplemental Life Dependent
- 24....Supplemental Accidental Death & Dismemberment
- 26....Long Term Care Insurance
- 27....Vision
- 29....Flexible Spending Account

Additional Benefits

- 31....Understanding your Employee Health Plan

Resources

- 33....Medical Spending Worksheet
- 34....Privacy Rights & Plan Documents
- 35....Glossary
- 38....Listing of Plan Services Areas



How *Choices* Works



This workbook is your guide to **Choices** – Montana University System’s employee benefits program that lets you match your benefits to your individual and family situation. To get the most out of this opportunity to design your own benefits package, you need to consider your benefits needs, compare them to the options available under **Choices** and enroll for the benefits you’ve chosen. Please read the information in this workbook carefully. If you have any questions, please contact your campus Human Resources Department. This enrollment book is not a guarantee of benefits. Please consult your group benefit plan booklet (Summary Plan Descriptions - [see last page for availability](#)).

1. Who’s Eligible

A person employed by a unit of the Montana University System, Office of the Commissioner of Higher Education, or other agency or organization affiliated with the Montana University System or the Board of Regents of Higher Education is eligible to enroll in the Employee Benefits Plan if qualified under one of the following categories:

- | | |
|--|--|
| <p>1. Permanent faculty or professional staff members regularly scheduled to work at least 20 hours per week or 40 hours over two weeks for a continuous period of more than six months in a 12-month period.</p> <p>2. Temporary faculty or professional staff members scheduled to work at least 20 hours per week or 40 hours over two weeks for a continuous period of six months or more, or who actually do so regardless of schedule.</p> | <p>3. Seasonal faculty or professional staff members regularly scheduled to work at least 20 hours per week or 40 hours over two weeks for a continuous period of six months or more, or who actually do so regardless of schedule.</p> <p>4. Academic or professional employees with an individual contract under the authority of the Board of Regents which provides for eligibility under one of the above requirements.</p> |
|--|--|

Note: Student employees who occupy positions designated as student positions by a campus are not eligible to join the Plan.

..... **Enrolling family members**

Important Note: Enrollment for plan year 2013/14 is Closed Enrollment for continuing employees. No dependents can be added to your plan unless there is a qualifying event (see pg 2 for qualifying events).

If you’re a new employee, you may enroll your family for certain benefits under **Choices**, including medical, dental, vision, life insurance and AD&D coverage. Eligible family members include your:

- **Legal spouse**, as defined under Montana law, or one other unrelated adult dependent as defined in the Summary Plan Description. To enroll an adult dependent other than a spouse, you will need to obtain criteria from your campus Human Resources Office and complete a Declaration of Adult Dependent form, also available there.

Eligible family members include your:

- Dependent children under age 26*. Children include your natural children, stepchildren, and children placed in your home for adoption before age 18 or for whom you have court-ordered custody or you are the legal guardian.

*Coverage may continue past age 26 for an unmarried dependent child who is mentally or physically disabled and incapable of self-support.



2. How to enroll

1. Each eligible faculty and/or staff member receives a monthly employer contribution. This amount is based on the Montana State legislature's funding allocation toward the cost of benefits for state employees.
2. Within 30 days of first becoming eligible for benefits, or during annual enrollment each year, you select or make changes from among the benefit plan options. **Note: Must enroll within 30 days of hire or 63 days of qualifying event (see qualifying events).**
3. Each benefit option in **Choices** has a monthly cost associated with it. These costs are shown on your enrollment form or in this Enrollment Workbook.

Mandatory (must choose):

- Medical pg 3
- Prescription Drug pg 14
- Dental pg 17
- Basic Life Insurance and AD&D pg 22
- Long Term Disability pg 22

Optional (voluntary):

- Supplemental Life Insurance pg 23
- Dependent Life Insurance pg 23
- Supplemental AD&D Insurance pg 24
- Vision pg 27
- Long Term Care pg 26
- Flexible Spending Acct. pg 29

4. The enrollment form will walk you through your coverage options and monthly costs. To determine the before-tax cost of your benefits, add up the total cost of the benefits you've

selected and compare it to the employer contribution provided to you by the Montana University System. (A worksheet is provided on pg 33 to help you determine costs for the choices you make).

If the benefits you choose cost . . .

- The same as your employer contribution, you won't see any change in your paycheck.
- More than your employer contribution, you'll pay the difference through automatic payroll deductions.
- Less than your employer contribution, you'll either forfeit the remaining employer contribution or you may apply it to a Medical Flexible Spending Account in your name.

Your annual **Choices** elections remain in effect for the entire plan benefit period following enrollment, unless you have a change in status (**qualifying event**).

Qualifying Events

- Marriage
- Birth of a child
- Adoption of a child
- Loss of eligibility for other health insurance coverage

All questions about the enrollment process or qualifying events should be directed to your campus Human Resources Office.

Medical (*must choose*) Choices

Choices gives you the opportunity to choose from a traditional plan and up to three managed care plans (depending on availability in your area). The next two pages will help explain the Traditional and Managed Care plans and the corresponding medical rates for each plan.

Traditional Plan

Details

The Traditional Plan is administered by Allegiance who contracts with health care providers to offer plan members a provider network (providers who have agreed to accept certain payments for specific services).

How The Plan Works

Plan members receive medical services from a participating health care provider. If the provider is a preferred provider, the provider submits a claim for the member. The administrator processes the claim and sends an Explanation of Benefits (EOB) to the member, showing the member's payment responsibilities (deductible and/or coinsurance costs) to the provider. The plan then pays the remaining allowable charges, which the provider accepts as full payment.

If your provider is not an in-network provider you may have to pay the entire fee to the provider and file your own claim for benefits.

Staying In-Network

You can protect yourself from unexpected expenses by making sure a provider is in-network (providers who contract with a plan to manage the delivery of care for plan members). If you see a provider that is out-of-network, you are subject to paying a higher coinsurance and can be balanced billed for the difference between the charge and the allowable charge.

- Traditional Plan – (available everywhere)
- An annual deductible – the amount you pay each benefit year before the plan begins to pay.
- Coinsurance – a percentage of allowable fees you pay until you reach the benefit year's coinsurance maximum.
- In-Network providers – Providers (including facilities) who contract with the plan administrator to deliver care according to agreed upon prices.



- **Out-of-Network providers – You pay 25% coinsurance for services of an in-network provider and 35% for an out-of-network provider. Out-of-network providers can also balance bill you for any difference between their charge and the allowable charge.**

Managed Care

Allegiance, Blue Cross/Blue Shield, and PacificSource are the Managed Care choices. The plans provide the same basic benefits but have differences in providers and plan requirements.

How The Plan Works

The benefits of these plans depend on the health care provider the member uses. When a network provider is used, in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply.

Major Plan Differences

The major differences in the managed care plans are the participating providers. Check which providers participate on the medical plan administrator's website. See back cover for website addresses.

Details

- Allegiance Managed Care Plan (available in limited towns and zip codes).
- Blue Choice Managed Care Plan (available in limited towns and zip codes).
- PacificSource Managed Care Plan (available in limited towns and zip codes).

- Emergency services are covered everywhere. However, out-of-network providers may balance bill the difference between allowance and charge.
- Note – The Managed Care Plans cover the same services and have:

Network Providers – Providers who have contracted with the managed care plan to manage and deliver care at agreed upon prices. Members may self-refer to in-network providers and specialists.

Better benefits for services received **In-Network** than for services **Out-of-Network**. You pay a \$15 copayment for most visits to In-Network providers (no deductible) and 25% (after deductible) for most In-Network hospital/facility services. You pay 35% of allowable fees (after a separate deductible) for most services received Out-of-Network.

Out-of-network providers may balance bill the difference between their charge and the allowable charge.

Medical Rates for 2013-2014

Monthly Premiums	Traditional Plan	Allegiance Managed Care	Blue Choice Managed Care	PacificSource Managed Care
Employee Only	\$688	\$613	\$576	\$592
Employee & Spouse\AD	\$960	\$855	\$804	\$826
Employee & Child(ren)	\$933	\$831	\$781	\$803
Employee & Family	\$1231	\$1097	\$1031	\$1060

The employer contribution for 2013-2014 is \$806 per month for eligible active employees.

Schedule of Medical Benefits

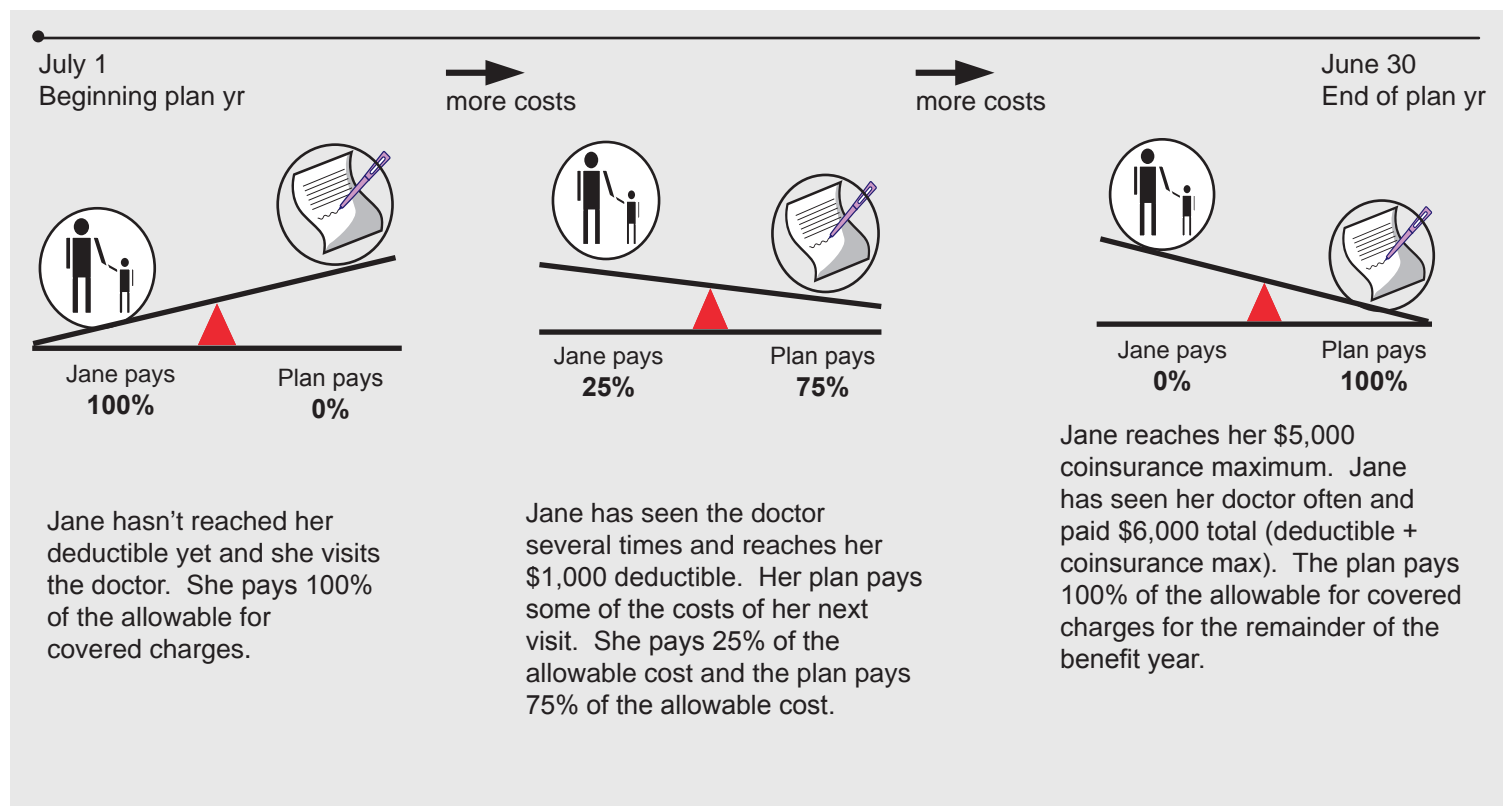
2013 - 2014

<i>Medical Plan Costs</i>	Traditional Plan In-Network	Traditional Plan Out-of-Network*	Managed Care In-Network	Managed Care Out-of-Network *
Annual Deductible Applies to all services, unless otherwise noted or copayment is indicated	\$1,000/Person \$2,250/Family	\$1,000/Person \$2,250/Family	\$500/Person \$1,000/Family	Separate \$750/Person Separate \$1,750/Family
Coinsurance Percentages (% of allowed charges member pays)	25%	35%	25%	35%
Annual Coinsurance Maximums (Maximum coinsurance paid in a benefit year; excludes deductibles and copayments)	\$5,000/Person \$11,250/Family	\$5,000/Person \$11,250/Family	\$2,500/Person \$5,000/Family	Separate \$4,250/Person Separate \$9,500/Family
Managed Care ONLY - Copayment (on outpatient visits)	N/A	N/A	\$15 copay	N/A

* Services from an out-of-network provider have a 35% coinsurance on any plan. In addition, there is a separate deductible and an annual coinsurance maximum on Managed Care Plans. **An out-of-network provider can balance bill the difference between the allowance and the charge.**

Example *Medical Plan Costs*

How you and the plan share costs - Traditional Plan Example (in-network). Jane's Plan Deductible is \$1,000, her coinsurance is 25%, and her coinsurance max is \$5,000.



Medical Plan Services	Traditional Plan In-Network Coinsurance	Traditional Plan Out-of-Network Coinsurance	Managed Care In-Network Coinsurance	Managed Care Out-of-Network Coinsurance
Hospital Inpatient Services Pre-certification of non-emergency inpatient hospitalization is strongly recommended				
Room Charges	25%	35%	25%	35%
Ancillary Services	25%	35%	25%	35%
Surgical Services (see Summary Plan Description for surgeries requiring prior authorization)	25%	35%	25%	35%
Hospital Services (Outpatient facility charges)				
Outpatient Services	25%	35%	25%	35%
Outpatient Surgi-Center	25%	35%	25%	35%
Physician/Professional Provider Services (not listed elsewhere)				
Office visit	25%	35%	\$15 copay/visit	35%
Inpatient Physician Services	25%	35%	25%	35%
Lab/Ancillary/Miscellaneous Charges	25%	35%	25%	35%
Second Surgical Opinion	0% (no deductible)	0% (no deductible)	\$15 copay/visit for room charges only - lab, x-ray & other procedures apply deductible/coinsurance	35%
Emergency Services				
Ambulance Services for Medical Emergency	25%	25%	\$200 copay	\$200 copay
Emergency Room Facility Charges	25%	25%	\$125 copay/visit for room charges only lab, x-ray & other procedures apply deductible/coinsurance (waived if immediately admitted to hospital)	\$125 copay/visit for room charges only lab, x-ray & other procedures apply deductible/coinsurance (waived if immediately admitted to hospital)
Professional Charges	25%	25%	25%	25%
Urgent Care Services				
Facility/Professional Charges	25%	25%	\$50 copay/visit for room charges only - lab, x-ray & other procedures apply deductible/coinsurance	\$50 copay/visit for room charges only - lab, x-ray & other procedures apply deductible/coinsurance
Lab & Diagnostic Charges	25%	25%	25%	25%
Maternity Services				
Hospital Charges	25%	35%	25%	35%
Physician Charges (delivery & inpatient)	25%	35%	25% (waived if enrolled in WellBaby Program within first trimester)	35%
Prenatal Offices Visits	25%	35%	\$15 copay/visit (waived if enrolled in WellBaby Program within first trimester)	35%

Schedule of Medical Benefits 2013 - 2014

<i>Medical Plan Services</i>	Traditional Plan In-Network Coinsurance	Traditional Plan Out-of-Network Coinsurance	Managed Care In-Network Coinsurance	Managed Care Out-of-Network Coinsurance
Preventive Services				
Preventive screenings/ immunizations/flu shots (adult & child Wellcare) Refer to pages 10 & 11 for listing of Preventive Services covered at 100% allowable and for age recommendations	0% (no deductible) for services listed on pg 10 & 11. Other preventive services subject to deductible and co-insurance	35%	\$0 copay (no deductible) limited to services listed on pg 10 & 11. Other preventive services subject to deductible and co-insurance	35%
Mental Health Services				
Inpatient Services (Pre-certification is strongly recommended)	25%	35%	25%	35%
Outpatient Services	First 4 visits 0% coinsurance then 25%	35%	First 4 visits \$0 copay then \$15 copay/visit	35%
Chemical Dependency				
Inpatient Services (pre-certification is strongly recommended)	25%	35%	25%	35%
Outpatient Services	First 4 visits 0% coinsurance then 25%	35%	First 4 visits \$0 copay then \$15 copay/visit	35%
Rehabilitative Services Physical, Occupational, Cardiac, Respiratory, Pulmonary & Speech Therapy				
Inpatient Services (Pre-certification is strongly recommended)	25% Max: 30 days/yr	35% Max: 30 days/yr	25% Max: 30 days/yr	35% Max: 30 days/yr
Outpatient Services	25% Max: 30 days/yr	35% Max: 30 days/yr	\$15 copay/visit Max: 30 visits/yr	35% Max: 30 visits/yr

Reminder: Deductible applies to all services unless otherwise indicated or a copayment applies. Out-of-Network providers can balance bill the difference between their charge and the allowed amount.

<i>Medical Plan Services</i>	Traditional Plan In-Network Coinsurance	Traditional Plan Out-of-Network Coinsurance	Managed Care In-Network Coinsurance	Managed Care Out-of-Network Coinsurance
Complementary Health Care Services				
Acupuncture	Members pay charges over \$25/visit Max: 15 visits/yr in any combination for complementary health care	Members pay charges over \$25/visit Max: 15 visits/yr in any combination for complementary health care	Members pay charges over \$25/visit Max: 15 visits/yr in combination with Naturopathic	Members pay charges over \$25/visit Max: 15 visits/yr in combination with Naturopathic
Naturopathic	Members pay charges over \$25/visit Max: 15 visits/yr in any combination for complementary health care	Members pay charges over \$25/visit Max: 15 visits/yr in any combination for complementary health care	Members pay charges over \$25/visit Max: 15 visits/yr in combination with Acupuncture	Members pay charges over \$25/visit Max: 15 visits/yr in combination with Acupuncture
Chiropractic	Max: 15 visits/yr in combination for complementary health care	Max: 15 visits/yr in combination for complementary health care	\$15/visit Max: 20 visits/yr	35% Max: 20 visits/yr
Extended Care Services				
Home Health Care (Physician ordered prior authorization is strongly recommended (or required) by most plans. See Plan Descriptions)	25% Max: 90 days/yr	35% Max: 90 days/yr	\$15 copay/visit Max: 30 visits/yr	35% Max: 30 visits/yr
Hospice	25% Max: 6 months	25% Max: 6 months	25% Max: 6 months	35% Max: 6 months
Skilled Nursing (Prior authorization is strongly recommended (or required) by most plans. See Plan Descriptions)	25% Max: 30 days/yr	35% Max: 30 days/yr	25% Max: 30 days/yr	35% Max: 30 days/yr
Miscellaneous Services				
Allergy Shots	25% No deductible	35% No deductible	\$15 copay/visit	35%
Durable Medical Equipment, Prosthetic Appliances & Orthotics (Prior authorization is required for amounts greater than \$2,500)	25% Max: \$100 for foot orthotics (per ft)/yr	25% Max: \$100 for foot orthotics (per ft)/yr	25% Max: \$100 for foot orthotics (per ft)/yr	35% Max: \$100 for foot orthotics (per ft)/yr

Schedule of Medical Benefits 2013 - 2014

<i>Medical Plan Service</i>	Traditional Plan In-Network Coinsurance	Traditional Plan Out-of-Network Coinsurance	Managed Care In-Network Coinsurance	Managed Care Out-of-Network Coinsurance
Miscellaneous Services cont.				
PKU Supplies (Includes treatment & medical foods)	25%	25%	0% (no deductible)	35%
Education Programs on Disease Processes (when ordered by a physician) and Dietary/Nutritional Counseling (When medically necessary & physician ordered. Prior authorization required for managed care plans and strongly recommended for traditional plans)	0% (no deductible) Max: 8 visits/yr	0% (no deductible) Max: 8 visits/yr	0% (no deductible) Max: 8 visits/yr	Not covered
Obesity Management (Prior authorization required by all plans)	25% OON not covered. Must be enrolled in Take Control for non-surgical treatment	Not covered	25% OON not covered. Must be enrolled in Take Control for non-surgical treatment	Not covered
TMJ (Prior authorization required by managed care plans & strongly recommended for traditional plans)	25% Surgical treatment only	Not covered	25% Surgical treatment only	Not covered
Infertility Treatment (biological infertility only) (prior authorization required for all plans providing coverage)	Not covered	Not covered	25% Max: 3 artificial inseminations/ lifetime	Not covered
Organ Transplants				
Transplant Services (Prior authorization required for managed care plans & strongly recommended for traditional plans)	25%	35%	25%	Not covered
Travel				
Travel for patient only (if services are not available in local community)	0% up to \$1,500/yr. with Prior authorization	0% up to \$1,500/yr. with Prior authorization	0% up to \$1,500/yr. with Prior authorization -up to \$5,000/yr. in conjunction with transplants only with Prior authorization	Not covered
Get Healthy, Stay Healthy				
Preventive Health Screenings/ Healthy Lifestyle Ed. & Support	see pg 12			
Take Control	see pg 13			
Tobacco Cessation, Diabetes, Weight Loss, High Cholesterol, High Blood Pressure				
WellBaby				
Infusion Therapy				

Preventive Services



1. What Services are Preventive

All MUS health options provide preventive care coverage that complies with the federal health care reform law, the Patient Protection and Affordable Care Act (PPACA). Services designated as preventive care include:

- periodic wellness visits
- certain designated screenings for symptom free or disease free individuals, and
- designated routine immunizations.

When this preventive care is provided by **in-network** providers it is reimbursed at 100% of the allowed amount, without application of deductible, coinsurance, or co-pay.

The PPACA has used specific resources to identify the preventive services that require coverage: U.S. Preventive Services Task Force (USPSTF) A and B recommendations and the Advisory Committee on Immunization Practices (ACIP) recommendations adopted by the Center for Disease Control (CDC). Guidelines for preventive care for infants, children, and adolescents, supported by the Health Resources and Services Administration (HRSA), come from two sources: Bright Futures Recommendations for Pediatric Health Care and the Uniform Panel of the Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children.

U.S. Preventive Services Task Force: www.uspreventiveservicestaskforce.org/
Advisory Committee on Immunization Practices (ACIP): <http://www.cdc.gov/vaccines/acip/index.html>
CDC: www.cdc.gov/
Bright Future: www.brightfutures.org/
Secretary Advisory Committee: www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/

2. Important Tips

1. Accurate coding for preventive services by your health care provider is the key to accurate reimbursement by your health care plan. All standard correct coding practices should be observed.

2. Also of importance is the **difference** between a “screening” test and a diagnostic, monitoring or surveillance test. A “screening” test done on an asymptomatic person **is** a preventive service, and is considered preventive even if the test results are positive for disease, but future tests would be diagnostic, for monitoring the disease or the

risk factors for the disease. A test done because symptoms of disease are present **is not** a preventive screening.

3. Ancillary services directly associated with a “screening” colonoscopy are also considered preventive services. Therefore, the procedure evaluation office visit with the doctor performing the colonoscopy, the ambulatory facility fee, anesthesiology (if necessary), and pathology will be reimbursed as preventive provided they are submitted with accurate preventive coding.

See next page for listing of covered Preventive Services.

Covered Preventive Services

Periodic Exams Appropriate screening tests per Bright Futures and other sources (previous page)	
WellChild Care Infant through age 17	<ul style="list-style-type: none"> Age 0 months through 4 yrs (up to 14 visits) Age 5 yrs through 17 yrs (1 visit per benefit plan year)
Adult Routine Exam Exams may include screening/counseling and/or risk factor reduction interventions for depression, obesity, tobacco use/abuse, drug and/or alcohol use/abuse	<ul style="list-style-type: none"> Age 18 yrs through 65+ (1 visit per benefit plan year)
Preventive Screenings	
Anemia Screening	<ul style="list-style-type: none"> Pregnant Women
Bacteriuria Screening	<ul style="list-style-type: none"> Pregnant Women
Breast Cancer Screening (mammography)	<ul style="list-style-type: none"> Women 40+ (1 per benefit plan year)
Cervical Cancer Screening (PAP)	<ul style="list-style-type: none"> Women age 21 - 65 (1 per benefit plan year)
Cholesterol Screening	<ul style="list-style-type: none"> Men age 35+ (age 20 - 35 if risk factors for coronary heart disease are present) Women age 45+ (age 20 - 45 if risk factors for coronary heart disease are present)
Colorectal Cancer Screening age 50+	<ul style="list-style-type: none"> Fecal occult blood testing; 1 per benefit plan year OR Sigmoidoscopy; every 5 yrs OR Colonoscopy; every 10 yrs
Prostate Cancer Screening (PSA) age 50+	<ul style="list-style-type: none"> 1 per benefit plan year (age 40+ with risk factors)
Osteoporosis Screening	<ul style="list-style-type: none"> Post menopausal women 65+, or 60+ with risk factors (1 bone density x-ray (DXA))
Abdominal Aneurysm Screening	<ul style="list-style-type: none"> Men age 65 - 75 who have ever smoked (1 screening by ultrasound per plan year)
Diabetes Screening	<ul style="list-style-type: none"> Adults with high blood pressure
HIV Screening	<ul style="list-style-type: none"> Pregnant women and others at risk
RH Incompatibility Screening	<ul style="list-style-type: none"> Pregnant women
Routine Immunizations	
<p>Diphtheria, tetanus, pertussis (DTaP) (Tdap)(TD), Haemophilus influenza (HIB), Hepatitis A & B, Human Papillomavirus (HPV), Influenza, Measles, Mumps, Rubella (MMR), Meningococcal, Pneumococcal (pneumonia), Poliovirus, Rotavirus, Varicella (smallpox), Zoster (shingles)</p> <p>If needed, see immunization schedules on CDC website (previous page)</p>	



Get Healthy, Stay Healthy

Overview

The Montana University System (MUS) Benefits Plan offers Wellness services to covered adult plan members (faculty, staff, retirees, and spouses) regardless of which medical plan you choose (Allegiance, BCBSMT, or PacificSource).



Preventive Health Screenings

WellCheck

Every campus offers health screenings for plan members called WellChecks. A free basic blood panel and biometric screening are provided at WellCheck, with optional additional tests available at discounted prices. Representatives from MUS Wellness are also present at most WellChecks to answer wellness-related questions. Adult plan members are eligible for two free WellChecks per plan year. Go to www.wellness.mus.edu/WellCheck.asp for more information regarding WellCheck dates and times on your campus.

Online Registration

Online registration is required on all campuses for WellCheck appointments. To register go to: www.itstartswithme.com.

Lab Tests

Log on to your [It Starts With Me](http://www.itstartswithme.com) account for a complete listing of tests available at WellCheck: www.itstartswithme.com

Flu Shots

Are offered FREE in the fall, subject to national vaccine availability. See the Wellness website below for more information.

Healthy Lifestyle Education & Support

Ask an Expert

This program provides FREE telephone consultation with a registered dietitian and/or exercise specialist. See Wellness website below for an application.

Quick Help Program

If you have a quick question regarding health, fitness, or nutrition related topics, send us an email at: wellness@montana.edu. We'll do our best to get you the information you need, or point you in the right direction if we don't have an answer ourselves!

The information given through the Quick Help Program does not provide medical advice, is intended for general educational purposes only, and does not always address individual circumstances.

Newsletter

Mailed to home addresses up to three times each plan year. Archived editions can be accessed via the Wellness website below.

NEW Social Media



Like us on facebook:
www.facebook.com/MUSwellness



Check out our Pinterest Page:
www.pinterest.com/montanameals



Follow us on Twitter: [twitter.com](https://twitter.com/montanamoves)
[@montanamoves](https://twitter.com/montanamoves)
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Check out our Blog:
www.montanamovesandmeals.com



WELLNESS
MONTANA UNIVERSITY SYSTEM

Visit the Wellness website for more information: www.wellness.mus.edu

MUS MAP PLAN MEMBERS ARE NOT INCLUDED IN THE MUS WELLNESS PROGRAM

Get Healthy, Stay Healthy

Disease Management Programs

Infusion Therapy Program

The Infusion Therapy Program is offered in partnership with the Walgreens-OptionCare stores in Helena, Billings, Bozeman, and Butte. This program was designed for patients who need medication administered through a needle or catheter, to treat such diseases as congestive heart failure, immune deficiencies, multiple sclerosis, and rheumatoid arthritis.

Plan members receive treatment at no cost - no deductibles, no copayments, and no coinsurance. The plan reimburses 100% of the allowable charges for those enrolled in this program. The program is easy to use as well, with no prior authorization requirements. To learn more about the Infusion Program call 1-800-287-8266, or contact MUS Benefits at 1-877-501-1722.

WellBaby

WellBaby is a pregnancy benefit designed to help you achieve a healthier pregnancy. Members must enroll during first trimester to take advantage of Program benefits. For more information call 406-660-0082 or visit the Wellness website below.

Take Control Program

Eat Well. Stay Active. Reduce Your Risks.

Managing a chronic health condition can be overwhelming and, at times, confusing. The professionals at Take Control can assist in navigating your condition and creating a healthy lifestyle that puts you in control. Take Control offers comprehensive and confidential education and support. Its unique telephonic delivery method allows the plan member to participate from work or home and receive the individual attention specific to the plan member's needs.

In addition to the existing Take Control Diabetes Program, the following NEW options are now available through the Take Control Program:



Take Control Program Offerings:

HIGH BLOOD PRESSURE:

- Education and counseling to help plan members with hypertension (blood pressure >140/90) acquire the knowledge and skills to optimize their blood pressure and overall health.

HIGH CHOLESTEROL:

- Assist plan members with hyperlipidemia (total cholesterol >240, HDL cholesterol <40, LDL cholesterol >160) acquire the knowledge and skills to optimize their blood lipids and overall health.

WEIGHT LOSS:

- The goal of this program is to provide education and counseling to help plan members with obesity (BMI >25) acquire the knowledge and skills to achieve their desired weight.

DIABETES/PRE-DIABETES:

- This program provides education and counseling to help plan members with diabetes (A1c 6.5% and above) and pre-diabetes (A1c 5.7-6.4%) to acquire the knowledge, skills, attitudes, and behaviors to live life to the fullest.

TOBACCO CESSATION:

- The goal of this program is to provide lifestyle education and counseling to help plan members acquire the knowledge, skills, attitudes, and behaviors to stop using tobacco.

For details call 1-800-746-2970 or visit the Wellness website below for more information.

What our participants have to say:

"I feel so much better, I have energy. My thanks to you and the program. (I was) asked awhile back by one of your staff of the single items that were the most effective in this program... to which I responded, It isn't one thing it is the whole package. Meaning that I've made a considerable number of small changes which in the sum total of things is the result. So to that I say, the single thing that has made a difference, THE WHOLE PROGRAM!" M.B.

"This program made an immensely positive impact on my experience with my health condition, as well as the experience of several of my co-workers who are also enrolled in Take Control. This is truly a progressive program providing critical services and reducing overall costs." B.B.

Wellness Website: www.wellness.mus.edu/DiseaseManagement.asp

MUS MAP PLAN MEMBERS ARE NOT INCLUDED IN THE MUS WELLNESS PROGRAM

Prescription Drug Choices

\$\$

Out-of pocket max:
Individual: \$1,650/yr
Family: \$3,300/yr



URx is your Pharmacy Plan:

- Any member enrolled in a medical insurance plan will automatically receive URx. There is no separate premium.
 - No deductible for prescription drugs.
-

What is URx?

URx is a prescription drug management program developed by the Montana University System. URx used the prescription process as a mechanism to manage overall care of a member by focusing on producing better clinical outcomes by making sure members get the best drug to treat their condition.

How does URx work?

One component of the URx program is the Pharmacy & Therapeutics Committee (PTAC). Under the Montana University System's oversight, this committee is responsible for results. The PTAC committee is charged with developing the formulary (the list of preferred drugs covered by the plan) that will make the most effective drugs the least expensive to the member, regardless of the drug's actual cost.

With URx there is no deductible and tier A, B, C, S \$50, and S \$200 prescriptions will accumulate toward an out-of-pocket maximum of: Individual - \$1,650/yr; Family - \$3,300/yr.

Who is eligible?

The Prescription Drug Plan is a benefit for all benefits eligible Montana University System employees, Retirees, and COBRA members and their eligible dependents. Any member enrolled in a medical insurance plan will automatically receive URx. There is no separate premium.

Prescription Options

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply). Members who use maintenance medications can experience significant savings by utilizing a mail order pharmacy.

Administrators

Under URx, the plan's administrative responsibilities are divided among four vendors:

MedImpact is the pharmacy benefit administrator. MedImpact serves as the claims processor. They have a dedicated customer service telephone line for the Montana University System to answer any questions that members may have regarding benefits or claims processing.

Specialty Pharmacy

Diplomat Specialty Pharmacy (1-877-319-6337) is the administrator of the specialty pharmacy program. Diplomat will provide assistance and resources to members who are prescribed high dollar oral, intravenous, or injectable medications.

MedVantx and **Ridgeway** will administer the mail-order drug program. MedVantx and Ridgeway will provide mail-order pharmacy services to plan members, based on URx pricing and plan design.

Questions

About the pharmacy benefit.

call MedImpact at 1-888-648-6764
or visit: www.choices.mus.edu/urx.asp

About prescriptions or alternatives call

1-888-5-Ask-Urx (527-5879) to speak with pharmacy experts from the University of Montana Pharmacy School.



NEW

Specialty Drug copays are now \$50 and \$200 effective July 1, 2013.

URx Specialty Drug Program

Administered by Diplomat: 1-877-319-6337



Specialty Drugs

Specialty drugs are defined as high cost prescription drugs that may require special handling and/or administration to treat chronic, complex conditions. These drugs may be taken orally but often are injectables with complex manufacturing process or may be limited distribution status.

The URx Specialty Drug program offers a variety of medications at \$50 copay. Other specialty drugs are available through the URx Specialty Program with a \$200 copay.

If members prefer to receive specialty drugs at retail pharmacies (if available), then the copay is 50% of the total cost of the drug.

Some drugs are limited distribution drugs and may not be available through Diplomat. For these prescriptions, Diplomat will transfer them to specialty pharmacies that are able to dispense these drugs.

Because of the complexity of the medical condition, many of these drugs will require Prior Authorization to ensure appropriate use and to maximize the effectiveness of the drug by encouraging careful adherence to treatment protocols.

Diplomat Specialty Pharmacy is the chosen provider for specialty drug services. To enroll or for any questions regarding the specialty drug program, please contact Diplomat at 1-877-319-6337.



Agents to Treat Multiple Sclerosis	
S-\$50	*Copaxone, *Rebif (*requires prior authorization)
S-\$200	*Avonex, *Betaseron, *Extavia, *Ampyra (*requires prior authorization)
Anti-Hemophilic Factors	
S-\$50	All Factors including: *Alphanate, *Alphanine SD, *Bebulin VH, *Feiba/-VH, *Helixate FS, *Hemofil-M, *Humate-P, *Hyate:C, *Kogenate FS, *Monarc-M, *Monoclote P, *Mononine, *Novoseven, *Proplex T, *Recombinate, *Refacto (*requires prior authorization)
Anti-Inflammatory (Rheumatoid Arthritis/Psoriasis)	
S-\$50	*Humira, *Enbrel (*requires prior authorization)
S-\$200	Amevive, *Cimzia, Gold Sodium Thiomalate, Myochrysin, Orencia, Remicade, Stelara, *Simponi (*requires prior authorization)
Anti-Inflammatory (Anti-Arthritics)	
S-\$50	Hyalgan, Supartz
S-\$200	*Euflexxa, *Orthovisc, *Synvisc (*requires prior authorization)
Antineoplastics	
S-\$50	Revlimid, Nexavar, Tarceva
S-\$200	All antineoplastics including: *Afinitor, *Alkeran, *Aromasin, *Avastin, *Bicnu, *Busulfex, *Carboplatin, *Ceenu, *Cisplatin, *Campath, *Cyclophosphamide, *Depocyt, *Eligard, *Eribitux, *Etoposide, *Gemar, *Gleevac, *Herceptin, *Iressa, *Lupron/-Depot, *Mercaptopurine, *Sprycel, *Sutent, *Trelstar Depot/-LA, *Tykerb, *Vectibix, *Vumon, *Xeloda, *Zolinza (*requires prior authorization)
Growth Hormones/Insulin-Like Growth Factor Hormones	
S-\$50	Increlex, *Norditropin, *Tev-Tropin (*requires prior authorization)
S-\$200	*Genotropin, *Humatrope, *Nutropin/-AQ, *Omnitrope, *Saizen, *Serostim, *Zorbivte (*requires prior authorization)
Hepatitis Agents	
S-\$50	*Epivir HBV, *Copegus, *Infergen, *Peg-Intron, *Pegasys, *Rebetol, *Rebetron, *Roferon-A (*requires prior authorization)
S-\$200	Intron-A
Immunosuppressive Agents	
S-\$50	*Gengraf, *Rapamune, *Sandimmune, Zenapax (*requires prior authorization)
S-\$200	*Cyclosporine (oral and inj), Simulect (*requires prior authorization)
Osteoporosis	
S-\$200 (inj)	*Aredia, *Forteo, *Pamidronate, *Reclast *Zometa (*requires prior authorization)
Pulmonary Arterial Hypertension	
S-\$50	Tracleer
S-\$200	*Letairis, *Revatio, *Remodulin (*requires prior authorization)

URx Drug Classification

Call 1-888-5-Ask-URx (527-5879) and discuss questions with pharmacy experts from the University of Montana Pharmacy School. Ask questions about your prescriptions or alternative drugs that may be available.

URx Drug Classification (Based on medical evidence of impact to health and overall net cost)	Drug Class	Deductible	Retail Rx (30-day supply)	Mail Rx (90-day supply)
Excellent level of value based on best medical evidence, best opportunity for improved health outcomes via disease management, and best overall net cost.	Tier A	\$0	\$0 Copayment †	\$0 Copayment †
High level of value based on medical evidence of outcomes and lower overall net cost savings. Includes generic and brand drugs compared to higher cost brand name counterparts.	Tier B	\$0	\$15 Copayment †	\$30 Copayment †
Good level of value based on fair medical evidence grading, but displaying higher overall net cost relative to generic counterparts and less expensive brand name drug or clinical alternatives.	Tier C	\$0	\$40 Copayment †	\$80 Copayment †
Lower level of value based on evidence of outcomes relative to other clinical alternatives. Generally have much higher overall net costs. <i>[Coinsurance is calculated on the discounted cost of drugs. Discounts have been negotiated for most drugs purchased through URx.]</i>	Tier D	\$0	50% Coinsurance †* (You will pay half of the discounted price)	50% Coinsurance †* (You will pay half of the discounted price)
These drugs have the lowest level of value (based on clinical evidence) or the highest overall net cost in relation to generic or other brand alternatives. Tier F drugs may also include drugs that were not previously covered, allowing members to purchase them at a substantial discount. <i>[Coinsurance is calculated on the discounted cost of drugs. Discounts have been negotiated for most drugs]</i>	Tier F	\$0	100% Coinsurance †* (You will pay 100% of the discounted price)	100% Coinsurance †* (You will pay 100% of the discounted price)
If you take a specialty drug, you are encouraged to use the URx Specialty Pharmacy program to qualify for a \$50 or \$200 copayment. If you fill your prescription at a retail pharmacy, you will have to pay 50% coinsurance. Specialty drugs are not covered through the mail-order program.	Tier S	\$0	50% Coinsurance †* if purchased through standard retail pharmacy	Not Covered
*The amounts you pay in these categories do not count toward your annual out-of-pocket prescription maximum.				
† A copayment is a flat dollar amount you pay for Rx services. Coinsurance is a percentage of the total discounted cost you pay for Rx services.				

What's your grade?

What grade would you get when it comes to ordering your prescription drugs? Would you get an A, B, or F? Most people don't realize that just because a drug costs more doesn't mean it's better. Drug manufacturers spend billions of dollars each year on advertising - so if you see six commercials for a particular drug, that drug may cost a lot of money! Currently the Montana University System Employee Benefits Plan spends more on prescription drugs than on doctor visits.

How do I determine what my drug's class is?

You can look up which class your drug is at www.choices.mus.edu/urx.asp or by calling Montana University System Employee Benefits at 1-877-501-1722. If you are unsatisfied with the class or the 'grade' your drug(s) makes, other therapeutically equivalent drugs that are more cost effective will be displayed that you can discuss with your physician. We encourage you to take this information to your physician to determine if you are able to use the therapeutically equivalent drug.

What does it mean that most drugs are covered?

The Montana University System's Pharmacy Benefit Administrator negotiates discounts with pharmaceutical companies. These discounts will be passed on to you regardless of the class of your drug. All drugs, including those that were formerly not covered, will have a discount. This savings will be passed on to you as a member of the Montana University System Employee Benefits Plan.

Dental (*must choose*) Choices



Because dental coverage is an annual required benefit choice, you can select from two options: **Basic Plan** and **Premium Plan**.

Review the chart below and pay close attention to the different benefits and the different rates to help you make your selection.

	Basic Plan - Preventive Coverage	Premium Plan
Who May be Enrolled & Monthly Rates	<ul style="list-style-type: none"> Employee Only \$16 Employee & Spouse/Adult Dep. \$31 Employee & Child(ren) \$31 Employee & Family \$43 	<ul style="list-style-type: none"> Employee Only \$42 Employee & Spouse/Adult Dep. \$80 Employee & Child(ren) \$80 Employee & Family \$113
Maximum Annual Benefit	\$750 per covered individual	\$1,500 per covered individual
Preventive and Diagnostic Services Enhanced benefit	<ul style="list-style-type: none"> Twice Per Benefit Year Initial and Periodic oral exam Cleaning Complete series of intraoral X-rays 	<ul style="list-style-type: none"> Twice Per Benefit Year Initial and Periodic oral exam Cleaning Complete series of intraoral X-rays
Basic Restorative Services	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Amalgam filling Endodontic treatment Periodontic treatment Oral surgery
Major Dental Services	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Crown Root canal Complete lower and upper denture Dental implant Occlusal guards
Removal of impacted teeth	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Covered benefit
Orthodontia	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Available to covered children and adults \$1,500 lifetime benefit

Note: In order to be eligible for Dental Plan benefits, a Dependent Child must be enrolled in the Dental Plan in the Benefit Year prior to the Dependent Child's attaining the age of four (4). For example, if a Dependent Child's fourth (4th) birthday is September 7, the Child must be enrolled in the Dental Plan on or before July 1, the start of the new Benefit Year, in order for coverage to be effective on the Dental Plan.

Orthodontic Benefits

The **Choices** Premium Plan provides a \$1,500 lifetime orthodontic benefit per covered individual. Benefits are paid at 50% of the allowable charge for authorized services. Treatment plans usually include an initial down payment and ongoing monthly fees. If an initial down payment is required, **Choices** will pay up to 50% of the initial payment, up to 1/3 of the total treatment charge. In addition, Delta Dental (the dental plan administrator) will establish a monthly reimbursement based on your provider's monthly fee and your prescribed treatment plan.

Delta Dental: 1-866-579-5717

www.deltadentalins.com/mus

Dental Codes

Dental claims are reimbursed based on a Schedule of Benefits. The following subsets of the **Premium** and **Basic Plan** Schedules include the most commonly used procedure codes. Please note the Basic Plan provides coverage for a limited range of services including diagnostic and preventive. The Schedule's dollar amount is the maximum reimbursement for the specified procedure code. Covered individuals are responsible for the difference (if any) between the provider's charge and the Schedule's reimbursement amount.

Blue shaded codes are for the **Basic Plan** ONLY. All Codes (shaded and non-shaded) are for the **Premium Plan**. See Summary Plan Description (SPD) for complete listing.

Procedure Code	Description	Maximum Benefits
D0120	Periodic oral evaluation - established patient	\$40
D0140	Limited oral evaluation - problem focused	\$58
D0150	Comprehensive oral evaluation -new or established patient	\$65
D0180	Comprehensive periodontal evaluation -new or established patient	\$72
D0210	Intraoral - complete series (including bitewings)	\$110
D0220	Intraoral - periapical first film	\$26
D0230	Intraoral - periapical each additional film	\$20
D0240	Intraoral - occlusal film	\$25
D0250	Extraoral - first film	\$58
D0270	Bitewings - one film	\$22
D0272	Bitewings - two films	\$37
D0273	Bitewings - three films	\$45
D0274	Bitewings - four films	\$53
D0320	TMJ arthrogram including injection	\$622
D0330	Panoramic film	\$91
D1110	Prophylaxis - Adult	\$83
D1120	Prophylaxis - Child	\$58
D1203	Topical application of fluoride (prophylaxis not included) child (through age 13)	\$27
D1204	Topical application of fluoride (prophylaxis not included) adult (ages 14 through 18)	\$28
D1351	Sealant - per tooth (through age 15)	\$45
D1510	Space maintainer - fixed - unilateral	\$239
D1515	Space maintainer - fixed - bilateral	\$388
D1520	Space maintainer -removable -unilateral	\$393
D1525	Space maintainer -removable -bilateral	\$538
D2140	Amalgam - one surface, primary or permanent	\$93
D2150	Amalgam - two surfaces, primary or permanent	\$118
D2160	Amalgam - three surfaces, primary or permanent	\$147
D2161	Amalgam - four or more surfaces, primary or permanent	\$176
D2330	Resin-based composite - one surface, anterior	\$98
D2331	Resin-based composite - two surfaces, anterior	\$125
D2332	Resin-based composite - three surfaces, anterior	\$156
D2335	Resin- based composite - four or more surfaces involving incisal angle (anterior)	\$190
D2391	Resin- based composite -one surface, posterior	\$116

..... **Dental Codes Schedule of Benefits**

Procedure Code	Description	Maximum Benefits
D2392	Resin- based composite -two surfaces, posterior	\$148
D2393	Resin- based composite -three surfaces, posterior	\$184
D2394	Resin- based composite - four or more surfaces, posterior	\$220
D2543	Onlay - metallic - three surfaces	\$375
D2544	Onlay - metallic - four or more surfaces	\$440
D2643	Onlay - porcelain/ceramic - three surfaces	\$375
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$440
D2740	Crown - porcelain/ceramic substrate	\$453
D2750	Crown - porcelain fused to high noble metal	\$423
D2751	Crown - porcelain fused to predominately base metal	\$410
D2752	Crown - porcelain fused to noble metal	\$414
D2780	Crown - 3/4 cast high noble metal	\$406
D2783	Crown - 3/4 porcelain/ceramic	\$410
D2790	Crown - full cast high noble metal	\$410
D2930	Prefabricated stainless steel crown - primary tooth	\$148
D2931	Prefabricated stainless steel crown - permanent tooth	\$222
D2932	Prefabricated resin crown	\$221
D2933	Prefabricated stainless steel crown with resin window	\$222
D2940	Sedative filling	\$70
D2950	Core buildup, including any pins	\$95
D2951	Pin retention - per tooth, in addition to restoration	\$38
D2954	Prefabricated post and core in addition to crown	\$127
D3110	Pulp cap - direct (excluding final restoration)	\$43
D3310	Root canal - Anterior (excluding final restoration)	\$489
D3320	Root canal - Bicuspid (excluding final restoration)	\$566
D3330	Root canal - Molar (excluding final restoration)	\$695
D3346	Retreatment of previous root canal therapy - anterior	\$592
D3347	Retreatment of previous root canal therapy - bicuspid	\$674
D3348	Retreatment of previous root canal therapy - molar	\$814
D3410	Apicoectomy/periradicular surgery - anterior	\$435
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$480
D3425	Apicoectomy/periradicular surgery - molar(first root)	\$520
D3430	Retrograde filling - per root	\$116
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$358
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$113
D4249	Clinical crown lengthening - hard tissue	\$455
D4260	Osseous surgery (including flap entry and closure) four or more contiguous teeth or bounded teeth spaces per quadrant	\$672
D4261	Osseous surgery (including flap entry and closure) one to three contiguous teeth or bounded teeth spaces per quadrant	\$511
D4271	Free soft tissue graft procedure (including donor site surgery)	\$632

Dental Codes Schedule of Benefits

Procedure Code	Description	Maximum Benefits
D4273	Subepithelial connective tissue graft procedure per tooth	\$632
D4341	Peridontal scaling and root planing - four or more teeth per quadrant	\$154
D4342	Peridontal scaling and root planing - one to three teeth per quadrant	\$97
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$59
D4910	Peridontal maintenance	\$84
D5110	Complete denture - maxillary	\$608
D5120	Complete denture - mandibular	\$608
D5130	Immediate denture - maxillary	\$666
D5140	Immediate denture - mandibular	\$666
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$436
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$436
D5213	Axillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$488
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$488
D5510	Repair broken complete denture base	\$86
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$76
D5610	Repair resin denture base	\$89
D5640	Replace broken teeth - per tooth	\$76
D5650	Add tooth to existing partial denture	\$114
D5660	Add clasp to existing partial denture	\$160
D5750	Reline complete maxillary denture (laboratory)	\$274
D5751	Reline complete mandibular denture (laboratory)	\$274
D5761	Reline mandibular partial denture (laboratory)	\$263
D5820	Interim partial denture (maxillary)	\$216
D5821	Interim partial denture (mandibular)	\$216
D5850	Tissue conditioning, maxillary	\$51
D6210	Pontic - cast high noble metal	\$399
D6212	Pontic - cast noble metal	\$365
D6240	Pontic - porcelain fused to high noble metal	\$424

Dental Codes Schedule of Benefits

Blue shaded codes are for the **Basic Plan** ONLY. All Codes (shaded and non-shaded) are for the **Premium Plan**. See Summary Plan Description (SPD) for complete listing.

Procedure Code	Description	Maximum Benefits
D6241	Pontic - porcelain fused predominantly base metal	\$391
D6242	Pontic - porcelain fused to noble metal	\$408
D6245	Pontic - porcelain/ceramic	\$429
D6750	Crown - porcelain fused to high noble metal	\$423
D6751	Crown - porcelain fused to predominately base metal	\$410
D6752	Crown - porcelain fused to noble metal	\$414
D6790	Crown - full cast high noble metal	\$410
D6791	Crown - full cast predominately base metal	\$402
D6792	Crown - full cast noble metal	\$406
D6794	Crown - titanium	\$410
D6973	Core build up for retainer, including any pins	\$92
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$94
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$160
D7220	Removal of impacted tooth - soft tissue	\$176
D7230	Removal of impacted tooth - partially bony	\$215
D7240	Removal of impacted tooth - completely bony	\$255
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$305
D7850	Surgical discectomy, with/without implant	\$1,500
D7860	Arthrotomy	\$1,500
D7880	Occlusal orthotic device, by report	\$469
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$210
D7971	Excision of pericoronal gingiva	\$120
D9110	Pallative (emergency) treatment of dental pain - minor procedure	\$69
D9220	Deep sedation/general anesthesia - first 30 minutes	\$219
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$105
D9241	Intravenous conscious sedation/analgesic - first 30 minutes	\$199
D9242	Intravenous conscious sedation/analgesic - each additional 15 minutes	\$81
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$67
D9940	Occlusal guards, by report	\$245

The CDT codes and nomenclature are copyright of the American Dental Association. The procedures described and maximum allowances indicated on this table are subject to the terms of the MUS-Delta Dental contract and Delta Dental processing policies. These allowances may be further reduced due to maximums, limitations, and exclusions. Please refer to the SPD for complete information.

Life Insurance/AD&D & Long Term Disability

(must choose)

Administered by Standard Insurance Co.
1-800-759-8702, www.standard.com

Basic Life/AD&D Insurance:

Life insurance under **Choices** pays benefits to your beneficiary or beneficiaries if you die from most causes while coverage is in effect. Accidental Death & Dismemberment (AD&D) coverage adds low-cost accidental death protection by paying benefits in the event your death is due to accidental causes. Full or partial AD&D benefits are also payable to you following certain serious accidental injuries.

Who is Eligible:

This enrollment period only, employees may choose any of the three options. Beginning in 2014, the employee may increase one level each year. Employee Only (may increase one level of coverage during annual benefit enrollment, if you are eligible and in an active work status).

Basic Life/AD&D Monthly Premiums

Basic Life/AD&D	\$15,000	\$ 1.49 for both
Basic Life/AD&D	\$30,000	\$2.97 for both
Basic Life/AD&D	\$48,000	\$4.75 for both
If you are enrolling in <i>Choices</i> you must select a Basic Life Insurance		

Long Term Disability (LTD):

LTD coverage can help protect your income in the event you become disabled and unable to work. **Choices** includes three LTD options designed to supplement other sources of disability income that may be available to you:

- 60% of pay, following 180 days of disability
- 66-2/3% of pay, following 180 days of disability
- 66-2/3% of pay, following 120 days of disability

The three LTD options differ in terms of the amount of your pay they replace, when benefits become payable, and premium costs. Employees may increase coverage during annual enrollment. However, the increase in coverage will be subject to a pre-existing condition exclusion for disabilities occurring during the first 12 months that the increase in insurance is effective. Any coverage existing for at least 12 months prior to the increase will not be subject to the pre-existing condition exclusion.

Employees on a leave status may not be eligible for long term disability coverage. Please consult with your campus Human Resources Department.

Who May Enroll:

Employee Only

Amount of Benefit:

Option 1: 60% of pre-disability earnings, to a maximum benefit of \$9,200 per month. The minimum monthly benefit is the greater of \$100 or 10% of your LTD benefit before reduction by deductible income.

Option 2: 66-2/3% of pre-disability earnings, to a maximum benefit of \$9,200 per month. The minimum monthly benefit is \$100 or 10% of your LTD benefit before reduction by deductible income.

Option 3: 66-2/3% of pre-disability earnings, to a maximum benefit of \$9,200 per month. The minimum monthly benefit is \$100 or 10% of your LTD benefit before reduction by deductible income.

Do you have Other Disability Income?

The level of LTD coverage you select ensures that you will continue to receive a percentage of your base pay each month if you become totally disabled.

Some of the money you receive may come from other sources, such as Social Security, Workers' Compensation, or other group disability benefits. Your **Choices** LTD benefit will be offset by any amounts you receive from these sources. The total combined income will equal the benefit level you selected.

This is a brief summary provided to help you understand your coverage. Please review the group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. This information can be found on the **Choices** website:

www.choices.mus.edu

Long Term Disability Monthly Premiums

Option 1	60% of pay/180 days waiting period	\$ 5.90
Option 2	66 2/3 of pay/180 days waiting period	\$11.75
Option 3	66 2/3 of pay/120 days waiting period	\$14.66

Supplemental Life Insurance (*voluntary*)

Administered by Standard Insurance Co.
1-800-759-8702, www.standard.com

Optional Supplemental Life Insurance eligibility:

This is an employee only benefit. If you enroll for Optional Supplemental Life Insurance, your cost depends on your age as of July 1 and the amount of coverage you select, as shown in the following table. Remember, this cost is paid on an after-tax basis.

For this enrollment period only, employees may elect up to \$300,000 without evidence of good health. Beginning in 2014 Plan Year, if you are not enrolling for the first time, other than new employees, you may increase one level of coverage during annual enrollment (up to \$300,000) without having to submit evidence of good health - if you are eligible and are in an active work status. You may also increase coverage more than one level. However, you will need to submit evidence of good health to the insurance company for the increase above more than one level. Elections above \$300,000 will always require evidence of good health.

Optional Supplemental Life Monthly Premium (*after tax*)

Employee Benefit

Age	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000	\$275,000	\$300,000
under 30	\$ 1.15	\$ 2.30	\$ 3.45	\$ 4.60	\$ 5.75	\$ 6.90	\$ 8.05	\$ 9.20	\$ 10.35	\$ 11.50	\$ 12.65	\$ 13.80
30-34	\$ 1.60	\$ 3.20	\$ 4.80	\$ 6.40	\$ 8.00	\$ 9.60	\$ 11.20	\$ 12.80	\$ 14.40	\$ 16.00	\$ 17.60	\$ 19.20
35-39	\$ 1.80	\$ 3.60	\$ 5.40	\$ 7.20	\$ 9.00	\$ 10.80	\$ 12.60	\$ 14.40	\$ 16.20	\$ 18.00	\$ 19.80	\$ 21.60
40-44	\$ 2.48	\$ 4.95	\$ 7.43	\$ 9.90	\$ 12.38	\$ 14.85	\$ 17.33	\$ 19.80	\$ 22.28	\$ 24.75	\$ 27.23	\$ 29.70
45-49	\$ 4.25	\$ 8.50	\$ 12.75	\$ 17.00	\$ 21.25	\$ 25.50	\$ 29.75	\$ 34.00	\$ 38.25	\$ 42.50	\$ 46.75	\$ 51.00
50-54	\$ 6.43	\$ 12.85	\$ 19.28	\$ 25.70	\$ 32.13	\$ 38.55	\$ 44.98	\$ 51.40	\$ 57.83	\$ 64.25	\$ 70.68	\$ 77.10
55-59	\$ 10.75	\$ 21.50	\$ 32.25	\$ 43.00	\$ 53.75	\$ 64.50	\$ 75.25	\$ 86.00	\$ 96.75	\$ 107.50	\$ 118.25	\$ 129.00
60-64	\$ 13.20	\$ 26.40	\$ 39.60	\$ 52.80	\$ 66.00	\$ 79.20	\$ 92.40	\$ 105.60	\$ 118.80	\$ 132.00	\$ 145.20	\$ 158.40
65-69	\$ 26.00	\$ 52.00	\$ 78.00	\$ 104.00	\$ 130.00	\$ 156.00	\$ 182.00	\$ 208.00	\$ 234.00	\$ 260.00	\$ 286.00	\$ 312.00
over 70	\$ 60.00	\$ 120.00	\$ 180.00	\$ 240.00	\$ 300.00	\$ 360.00	\$ 420.00	\$ 480.00	\$ 540.00	\$ 600.00	\$ 660.00	\$ 720.00

Age	\$ 325,000	\$ 350,000	\$ 375,000	\$ 400,000	\$ 425,000	\$ 450,000	\$ 475,000	\$ 500,000	\$ 525,000	\$ 550,000	\$ 575,000	\$ 600,000
under 30	\$ 14.95	\$ 16.10	\$ 17.25	\$ 18.40	\$ 19.55	\$ 20.70	\$ 21.85	\$ 23.00	\$ 24.15	\$ 25.30	\$ 26.45	\$ 27.60
30-34	\$ 20.80	\$ 22.40	\$ 24.00	\$ 25.60	\$ 27.20	\$ 28.80	\$ 30.40	\$ 32.00	\$ 33.60	\$ 35.20	\$ 36.80	\$ 38.40
35-39	\$ 23.40	\$ 25.20	\$ 27.00	\$ 28.80	\$ 30.60	\$ 32.40	\$ 34.20	\$ 36.00	\$ 37.80	\$ 39.60	\$ 41.40	\$ 43.20
40-44	\$ 32.18	\$ 34.65	\$ 37.13	\$ 39.60	\$ 42.08	\$ 44.55	\$ 47.03	\$ 49.50	\$ 51.98	\$ 54.45	\$ 56.93	\$ 59.40
45-49	\$ 55.25	\$ 59.50	\$ 63.75	\$ 68.00	\$ 72.25	\$ 76.50	\$ 80.75	\$ 85.00	\$ 89.25	\$ 93.50	\$ 97.75	\$ 102.00
50-54	\$ 83.53	\$ 89.95	\$ 96.38	\$ 102.80	\$ 109.23	\$ 115.65	\$ 122.08	\$ 128.50	\$ 134.93	\$ 141.35	\$ 147.78	\$ 154.20
55-59	\$ 139.75	\$ 150.50	\$ 161.25	\$ 172.00	\$ 182.75	\$ 193.50	\$ 204.25	\$ 215.00	\$ 225.75	\$ 236.50	\$ 247.25	\$ 258.00
60-64	\$ 171.60	\$ 184.80	\$ 198.00	\$ 211.20	\$ 224.40	\$ 237.60	\$ 250.80	\$ 264.00	\$ 277.20	\$ 290.40	\$ 303.60	\$ 316.80
65-69	\$ 338.00	\$ 364.00	\$ 390.00	\$ 416.00	\$ 442.00	\$ 468.00	\$ 494.00	\$ 520.00	\$ 546.00	\$ 572.00	\$ 598.00	\$ 624.00
over 70	\$ 780.00	\$ 840.00	\$ 900.00	\$ 960.00	\$ 1,020.00	\$ 1,080.00	\$ 1,140.00	\$ 1,200.00	\$ 1,260.00	\$ 1,320.00	\$ 1,380.00	\$ 1,440.00

Optional Dependent Life Insurance eligibility:

Your spouse and unmarried child(ren) from live birth to age 26. Optional Dependent Life Insurance is designed to protect you against certain financial burdens (such as funeral expenses) in the event a covered dependent dies. You are automatically the beneficiary of any benefits that become payable. This benefit is paid with after-tax dollars. Employees may NOT cover other MUS employed family members. In addition, dependent children may not be insured by more than one member. You must enroll in employee supplemental life to be eligible for spouse or child/ren supplemental life elections. You may elect either Supplemental Life or Supplemental Life + AD&D but not both.

During this enrollment period only, you may elect up to \$50,000 for your spouse and up to \$30,000 for your child/ren without evidence of good health. Beginning in 2014, other than new employees, you may increase one level of coverage for child/ren without evidence of good health. Evidence of good health is always required for spouse elections over \$50,000. Spouse elections cannot exceed 50% of the employee election (i.e., employee elects \$100,000 for self, spouse maximum is \$50,000).

Supplemental Life Insurance cont. . . .

Optional Supplemental Life Monthly Premium (after tax)

Spouse Benefit - based on age of spouse as of July 1

Age	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000	\$275,000	\$300,000
under 30	\$ 1.15	\$ 2.30	\$ 3.45	\$ 4.60	\$ 5.75	\$ 6.90	\$ 8.05	\$ 9.20	\$ 10.35	\$ 11.50	\$ 12.65	\$ 13.80
30-34	\$ 1.60	\$ 3.20	\$ 4.80	\$ 6.40	\$ 8.00	\$ 9.60	\$ 11.20	\$ 12.80	\$ 14.40	\$ 16.00	\$ 17.60	\$ 19.20
35-39	\$ 1.80	\$ 3.60	\$ 5.40	\$ 7.20	\$ 9.00	\$ 10.80	\$ 12.60	\$ 14.40	\$ 16.20	\$ 18.00	\$ 19.80	\$ 21.60
40-44	\$ 2.48	\$ 4.95	\$ 7.43	\$ 9.90	\$ 12.38	\$ 14.85	\$ 17.33	\$ 19.80	\$ 22.28	\$ 24.75	\$ 27.23	\$ 29.70
45-49	\$ 4.25	\$ 8.50	\$ 12.75	\$ 17.00	\$ 21.25	\$ 25.50	\$ 29.75	\$ 34.00	\$ 38.25	\$ 42.50	\$ 46.75	\$ 51.00
50-54	\$ 6.43	\$ 12.85	\$ 19.28	\$ 25.70	\$ 32.13	\$ 38.55	\$ 44.98	\$ 51.40	\$ 57.83	\$ 64.25	\$ 70.68	\$ 77.10
55-59	\$ 10.75	\$ 21.50	\$ 32.25	\$ 43.00	\$ 53.75	\$ 64.50	\$ 75.25	\$ 86.00	\$ 96.75	\$ 107.50	\$ 118.25	\$ 129.00
60-64	\$ 13.20	\$ 26.40	\$ 39.60	\$ 52.80	\$ 66.00	\$ 79.20	\$ 92.40	\$ 105.60	\$ 118.80	\$ 132.00	\$ 145.20	\$ 158.40
65-69	\$ 26.00	\$ 52.00	\$ 78.00	\$ 104.00	\$ 130.00	\$ 156.00	\$ 182.00	\$ 208.00	\$ 234.00	\$ 260.00	\$ 286.00	\$ 312.00
over 70	\$ 60.00	\$ 120.00	\$ 180.00	\$ 240.00	\$ 300.00	\$ 360.00	\$ 420.00	\$ 480.00	\$ 540.00	\$ 600.00	\$ 660.00	\$ 720.00

Optional Supplemental Life Monthly Premium (after tax)

Child Benefit

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
to age 26	\$ 0.50	\$ 1.00	\$ 1.50	\$ 2.00	\$ 2.50	\$ 3.00

Supplemental Life + AD&D Coverage (voluntary)

Optional Supplemental Life + AD&D Insurance eligibility:

This is an employee only benefit. If you enroll for Optional Supplemental Life + AD&D Insurance, your cost depends on your age as of July 1 and the amount of coverage you select, as shown in the following table. Remember, this cost is paid on an after-tax basis.

For this enrollment period only, employees may elect up to \$300,000 without evidence of good health. Beginning in 2014 Plan Year, if you are not enrolling for the first time, other than new employees, you may increase one level of coverage during annual enrollment (up to \$300,000) without having to submit evidence of good health - if you are eligible and are in an active work status. You may also increase coverage more than one level. However, you will need to submit evidence of good health to the insurance company for the increase above more than one level. Elections above \$300,000 will always require evidence of good health.

Optional Supplemental Life + AD&D Monthly Premium

Employee Benefit

Age	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000	\$275,000	\$300,000
under 30	\$ 1.65	\$ 3.30	\$ 4.95	\$ 6.60	\$ 8.25	\$ 9.90	\$ 11.55	\$ 13.20	\$ 14.85	\$ 16.50	\$ 18.15	\$ 19.80
30-34	\$ 2.10	\$ 4.20	\$ 6.30	\$ 8.40	\$ 10.50	\$ 12.60	\$ 14.70	\$ 16.80	\$ 18.90	\$ 21.00	\$ 23.10	\$ 25.20
35-39	\$ 2.30	\$ 4.60	\$ 6.90	\$ 9.20	\$ 11.50	\$ 13.80	\$ 16.10	\$ 18.40	\$ 20.70	\$ 23.00	\$ 25.30	\$ 27.60
40-44	\$ 2.98	\$ 5.95	\$ 8.93	\$ 11.90	\$ 14.88	\$ 17.85	\$ 20.83	\$ 23.80	\$ 26.78	\$ 29.75	\$ 32.73	\$ 35.70
45-49	\$ 4.75	\$ 9.50	\$ 14.25	\$ 19.00	\$ 23.75	\$ 28.50	\$ 33.25	\$ 38.00	\$ 42.75	\$ 47.50	\$ 52.25	\$ 57.00
50-54	\$ 6.93	\$ 13.85	\$ 20.78	\$ 27.70	\$ 34.63	\$ 41.55	\$ 48.48	\$ 55.40	\$ 62.33	\$ 69.25	\$ 76.18	\$ 83.10
55-59	\$ 11.25	\$ 22.50	\$ 33.75	\$ 45.00	\$ 56.25	\$ 67.50	\$ 78.75	\$ 90.00	\$ 101.25	\$ 112.50	\$ 123.75	\$ 135.00
60-64	\$ 13.70	\$ 27.40	\$ 41.10	\$ 54.80	\$ 68.50	\$ 82.20	\$ 95.90	\$ 109.60	\$ 123.30	\$ 137.00	\$ 150.70	\$ 164.40
65-69	\$ 26.50	\$ 53.00	\$ 79.50	\$ 106.00	\$ 132.50	\$ 159.00	\$ 185.50	\$ 212.00	\$ 238.50	\$ 265.00	\$ 291.50	\$ 318.00
over 70	\$ 60.50	\$ 121.00	\$ 181.50	\$ 242.00	\$ 302.50	\$ 363.00	\$ 423.50	\$ 484.00	\$ 544.50	\$ 605.00	\$ 665.50	\$ 726.00

Supplemental Life + AD&D Insurance cont. . . .

Age	\$ 325,000	\$ 350,000	\$ 375,000	\$ 400,000	\$ 425,000	\$ 450,000	\$ 475,000	\$ 500,000	\$ 525,000	\$ 550,000	\$ 575,000	\$ 600,000
under 30	\$ 21.45	\$ 23.10	\$ 24.75	\$ 26.40	\$ 28.05	\$ 29.70	\$ 31.35	\$ 33.00	\$ 34.65	\$ 36.30	\$ 37.95	\$ 39.60
30-34	\$ 27.30	\$ 29.40	\$ 31.50	\$ 33.60	\$ 35.70	\$ 37.80	\$ 39.90	\$ 42.00	\$ 44.10	\$ 46.20	\$ 48.30	\$ 50.40
35-39	\$ 29.90	\$ 32.20	\$ 34.50	\$ 36.80	\$ 39.10	\$ 41.40	\$ 43.70	\$ 46.00	\$ 48.30	\$ 50.60	\$ 52.90	\$ 55.20
40-44	\$ 38.68	\$ 41.65	\$ 44.63	\$ 47.60	\$ 50.58	\$ 53.55	\$ 56.53	\$ 59.50	\$ 62.48	\$ 65.45	\$ 68.43	\$ 71.40
45-49	\$ 61.75	\$ 66.50	\$ 71.25	\$ 76.00	\$ 80.75	\$ 85.50	\$ 90.25	\$ 95.00	\$ 99.75	\$ 104.50	\$ 109.25	\$ 114.00
50-54	\$ 90.03	\$ 96.95	\$ 103.88	\$ 110.80	\$ 117.73	\$ 124.65	\$ 131.58	\$ 138.50	\$ 145.43	\$ 152.35	\$ 159.28	\$ 166.20
55-59	\$ 146.25	\$ 157.50	\$ 168.75	\$ 180.00	\$ 191.25	\$ 202.50	\$ 213.75	\$ 225.00	\$ 236.25	\$ 247.50	\$ 258.75	\$ 270.00
60-64	\$ 178.10	\$ 191.80	\$ 205.50	\$ 219.20	\$ 232.90	\$ 246.60	\$ 260.30	\$ 274.00	\$ 287.70	\$ 301.40	\$ 315.10	\$ 328.80
65-69	\$ 344.50	\$ 371.00	\$ 397.50	\$ 424.00	\$ 450.50	\$ 477.00	\$ 503.50	\$ 530.00	\$ 556.50	\$ 583.00	\$ 609.50	\$ 636.00
over 70	\$ 786.50	\$ 847.00	\$ 907.50	\$ 968.00	\$ 1,028.50	\$ 1,089.00	\$ 1,149.50	\$ 1,210.00	\$ 1,270.50	\$ 1,331.00	\$ 1,391.50	\$ 1,452.00

Optional Dependent Life + AD&D Insurance eligibility:

Your spouse and unmarried child(ren) from live birth to age 26. Optional Dependent Life + AD&D Insurance is designed to protect you against certain financial burdens (such as funeral expenses) in the event a covered dependent dies. You are automatically the beneficiary of any benefits that become payable. This benefit is paid with after-tax dollars. Employees may NOT cover other MUS employed family members. In addition, dependent children may not be insured by more than one member. You must enroll in employee supplemental life to be eligible for spouse or child/ren supplemental life elections. You may elect either Supplemental Life or Supplemental Life + AD&D but not both.

During this enrollment period only, you may elect up to \$50,000 for your spouse and up to \$30,000 for your child/ren without evidence of good health. Beginning in 2014, other than new employees, you may increase one level of coverage for child/ren without evidence of good health. Evidence of good health is always required for spouse elections over \$50,000. Spouse elections cannot exceed 50% of the employee election (i.e., employee elects \$100,000 for self, spouse maximum is \$50,000).

Optional Supplemental Life + AD&D Monthly Premium

Spouse Benefit

Age	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000	\$275,000	\$300,000
under 30	\$ 1.65	\$ 3.30	\$ 4.95	\$ 6.60	\$ 8.25	\$ 9.90	\$ 11.55	\$ 13.20	\$ 14.85	\$ 16.50	\$ 18.15	\$ 19.80
30-34	\$ 2.10	\$ 4.20	\$ 6.30	\$ 8.40	\$ 10.50	\$ 12.60	\$ 14.70	\$ 16.80	\$ 18.90	\$ 21.00	\$ 23.10	\$ 25.20
35-39	\$ 2.30	\$ 4.60	\$ 6.90	\$ 9.20	\$ 11.50	\$ 13.80	\$ 16.10	\$ 18.40	\$ 20.70	\$ 23.00	\$ 25.30	\$ 27.60
40-44	\$ 2.98	\$ 5.95	\$ 8.93	\$ 11.90	\$ 14.88	\$ 17.85	\$ 20.83	\$ 23.80	\$ 26.78	\$ 29.75	\$ 32.73	\$ 35.70
45-49	\$ 4.75	\$ 9.50	\$ 14.25	\$ 19.00	\$ 23.75	\$ 28.50	\$ 33.25	\$ 38.00	\$ 42.75	\$ 47.50	\$ 52.25	\$ 57.00
50-54	\$ 6.93	\$ 13.85	\$ 20.78	\$ 27.70	\$ 34.63	\$ 41.55	\$ 48.48	\$ 55.40	\$ 62.33	\$ 69.25	\$ 76.18	\$ 83.10
55-59	\$ 11.25	\$ 22.50	\$ 33.75	\$ 45.00	\$ 56.25	\$ 67.50	\$ 78.75	\$ 90.00	\$ 101.25	\$ 112.50	\$ 123.75	\$ 135.00
60-64	\$ 13.70	\$ 27.40	\$ 41.10	\$ 54.80	\$ 68.50	\$ 82.20	\$ 95.90	\$ 109.60	\$ 123.30	\$ 137.00	\$ 150.70	\$ 164.40
65-69	\$ 26.50	\$ 53.00	\$ 79.50	\$ 106.00	\$ 132.50	\$ 159.00	\$ 185.50	\$ 212.00	\$ 238.50	\$ 265.00	\$ 291.50	\$ 318.00
over 70	\$ 60.50	\$ 121.00	\$ 181.50	\$ 242.00	\$ 302.50	\$ 363.00	\$ 423.50	\$ 484.00	\$ 544.50	\$ 605.00	\$ 665.50	\$ 726.00

Optional Supplemental Life + AD&D Monthly Premium

Child Benefit

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
to age 26	\$ 0.55	\$ 1.10	\$ 1.65	\$ 2.20	\$ 2.75	\$ 3.30



Long Term Care Insurance (*voluntary*)

Provided by UNUM Life Insurance Co.

1-800-227-4165 www.unum.com

Options	Choices
Care Type	
Plan 1	Facility (nursing home or assisted living)
Plan 2	Facility + Professional Home Care (Provided by a licensed home health organization)
Plan 3	Facility + Professional Home Care + Total Home Care (Care provided by anyone, including family members)
Monthly Benefit	
Nursing Home	\$1,000-\$6,000
Assisted Living	60% of the selected nursing home amount
Home Care	50% of the selected nursing home amount
Duration	
3 years	3 years Nursing Home
6 years	6 years Nursing Home
Unlimited	Unlimited Nursing Home
Inflation Protection	
Yes	5% compounded annually
No	No protections will be provided

Unexpected events, such as accidents or illness, can catch us off guard at any age, any time. This can often lead to financial and emotional hardship. Many believe that our health insurance covers long term care situations when, in most cases, it does not. We may be left thinking we should have planned better. **Long Term Care Insurance is designed to pick up where our health insurance leaves off.** You may never need long term care. However, this year about nine million men and women will need long term care. By 2020, 12 million Americans will need long term care. Most will be cared for at home. A study by the US Department of Health and Human Services indicates that people who

reach age 65 have a 40 percent chance of entering a nursing home. About 10 percent of the people who enter a nursing home stay there five years or longer. The Montana University System offers the opportunity to purchase Long Term Care Insurance from Unum Life Insurance Company of America a subsidiary of Unum Provident.

New employees can enroll in LTC within 30 days of employment without demonstrating evidence of insurability. Continuing employees, spouses, retirees, and grandparents can enroll in our group LTC insurance with medical underwriting at any time.



Who is Eligible

Employees, retirees, spouses, parents, and parents-in-law are eligible for the Long Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

Enrollment

If you would like to sign up for the Long Term Care Plan, contact your campus Human Resource Department for an enrollment kit.

Vision (*voluntary*)

Administered by EyeMed Vision Care:

1-866-723-0596 (prior to enrolling), 1-866-723-0513 (after enrolling)
www.eyemedvisioncare.com (after enrolling)



Who is Eligible?

Employees, spouses, adult dependents, retirees, and children are eligible if you elect to have this coverage.

Instructions

Review the premiums on the next page and complete the appropriate sections of the Enrollment Form.

Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

Locating Your Doctor

Check the online provider locator at www.eyemedvisioncare.com, choose the ACCESS network for a provider near your zip code.

Once enrolled, visit: www.eyemedvisioncare.com, register by entering your email address and choosing a password to view coverage and eligibility status.

Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers. Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network. Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

Out-of-Network Providers

Once enrolled, registered members can access their out-of-network benefit by:

1. Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, www.eyemedvisioncare.com or by calling the Customer Care Center.
2. Make an appointment with an out-of-network provider you trust as your choice for vision care provider.
3. Pay for all services at the point of care and receive an itemized receipt from the provider office.
4. Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.

Vision (*voluntary*) cont.

Monthly Vision Rates

• Employee Only	\$7.11
• Employee & Spouse/Adult Dep.	\$13.42
• Employee & Child(ren)	\$14.13
• Employee & Family	\$20.73

Service/Material	Coverage from an EyeMed Doctor	Out-of-Network Reimbursement	Rural OON Reimbursement**
Exam with dilation as necessary: Once every benefit year	\$10 copay	Up to \$45	Up to \$85
Frames: Once every two years	\$125 allowance, 20% off balance over \$125	Up to \$52	Up to \$100
Single Vision Bifocal Trifocal Standard Progressives Once every benefit year in lieu of contacts	\$20 copay \$20 copay \$20 copay \$85 copay	Up to \$45 Up to \$55 Up to \$65 Up to \$55	Up to \$45 Up to \$55 Up to \$65 Up to \$55
Contact Lens Materials: Conventional & Disposable *Medically Necessary Once every benefit year in lieu of eyeglass lenses	\$125 allowance \$125 allowance paid in full	Up to \$95 Up to \$200	Up to \$100 Up to \$200
Contact Lens Exam Fees: Standard Contact Lens Fit & Follow-up Premium Contact Lens Fit & Follow-up Once every benefit year	\$20 copay, paid in full fit and two follow up visits \$20 copay, 10% off retail price, then apply \$35 allowance	Up to \$40 Up to \$40	Up to \$40 Up to \$40
Lens Options: UV Coating Tin (Solid and Gradient) Standard Scratch Resistance Standard Polycarbonate Standard A/R	\$15 copay \$15 copay \$15 copay \$40 copay \$45 copay	NA	NA

* Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (i.e., cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other eye diseases.

**To qualify for the enhanced rural out-of-network benefit, employees must meet the definition of rural employee, meaning any MUS employee and dependents enrolled on the vision plan who reside more than 50 miles from the nearest network provider.



Flexible Spending Account (*voluntary*)

Great News! This year, flexible spending account administrative fees will be paid by MUS! In addition, we have a new flex administrator:

NEW



Administered by Allegiance Benefit Plan Management, Inc.

1-877-778-8600 - www.allegianceflexadvantage.com

Account Types	Annual Amount	Qualifying Expense Examples
Medical FSAs	Minimum Contributions: \$120 Maximum Contributions: \$2,500	Medical expenses including deductibles, co-insurance, co-pays, Rx expenses, chiropractic and naturopathic care. All dental and vision expenses are not considered cosmetic.
Dependent Care FSAs	Minimum Contribution: \$120 Maximum Contribution: \$5,000	Costs for care provided to your child(ren) under age 13, or other dependents unable to care for themselves, and necessary for you to remain gainfully employed.
Adoption Assistance (Maximum listed is a lifetime maximum)	Minimum Contribution: \$120 Maximum Contribution: \$12,970	Adoption fees, court costs, attorney fees, medical examination costs, and related travel expenses.

Health Flex Spending Account (FSA)

During the annual enrollment period, you may elect amounts to be withheld from your earnings to pay for your out-of-pocket medical expenses. Eligible health FSA expenses include those defined by IRS Code, Section 213(d). For a list of examples, go to www.allegianceflexadvantage.com.

The amount you elect to set aside for Health FSA expenses is not subject to federal income, state income, or Social Security/Medicare taxes.

Your health FSA election will reimburse you for eligible expenses that you, your spouse, and your qualified dependents incur during the plan year. The entire annual amount you elect can be used at any time during the plan year.

You can request reimbursement on-line, by toll-free fax, or through the mail. If the expense may be covered through your health coverage, please provide the coverage explanation of benefits as documentation. If coverage will not consider the expense, an itemized statement from the provider will satisfy documentation requirements.

Some expenses are considered to be “dual purpose.” These expenses

are for items or services that are sometimes for purposes other than to treat a medical condition. In order to be reimbursed for a “dual purpose” expense, or over the counter drugs and medicines, a diagnosis and recommendation for treatment from a medical professional is required.

If you or your spouse contribute to a Health Savings Account (HSA), you are not eligible to participate in a general purpose health FSA.

You can access a tax savings calculator for accurate savings estimates under Enrollment Tools on the Allegiance flex website (www.allegianceflexadvantage.com).

Dependent Care

If both you and your spouse work or you are a single parent, you may have dependent care expenses. The Federal Child Care Tax Credit is available to taxpayers to help offset dependent care expenses. A dependent care FSA often gives employees a better tax benefit. You can complete a worksheet that compares the Federal Child Care Tax Credit to the dependent care FSA by clicking on Enrollment Tools on the Allegiance flex website.

Your dependent care FSA lets you use “before-tax” dollars to pay care expenses for children under age 13, or individuals unable to care for themselves. A dependent receiving care must live in your home at least eight (8) hours per day. The care must be necessary for you and your spouse to remain gainfully employed. Care may be provided through live-in care, baby sitters, and licensed day care centers. You cannot use “before-tax” dollars to pay your spouse or one of your children under the age of nineteen (19) for providing care. Schooling expenses at the kindergarten level and above are not reimbursable. Neither overnight camp nor nursing home care is reimbursable.

Unlike health FSAs, dependent care FSAs may only reimburse expenses up to the amount you have contributed at any time during the year.

Customer Service

Representatives are available to answer questions each business day between the hours of 7:00 a.m. and 6:00 p.m. Mountain time. After hours, and on weekends, you can access your account information online or through the toll-free automated voice-response system.

Call toll free at 1-877-778-8600.



Important:

- Left-over employer contributions can be deposited in a medical flex account
- You must re-enroll each year to participate in a Flexible Spending Account (NOT automatic!)
- All claims must be received by Allegiance by September 30, 2014 to be eligible for reimbursement

Mid-Year Election Changes

When you enroll in the flexible spending accounts, you are electing to participate for the entire plan year. Be sure not to elect more than you will need to cover expenses incurred by you and/or your family members during the plan year. Under the “use-or-lose” rule, any money not used by the end of the plan year cannot be returned to you. In addition, no changes to your election may be made during the plan year unless you experience a “qualifying event.”

Mid-year election changes usually must be made within 63 days of a qualifying event. Changes are limited and differ for each pre-tax option. For more information about mid-year election changes, please contact your campus Human Resources Department or Allegiance.

Reimbursement

You may mail, fax toll-free, or scan and send claims electronically at www.allegianceflexadvantage.com.

Check Payment: Allegiance authorizes reimbursement and prints checks each business day. Claims are normally processed within five business days of receipt. You usually have a check in your mailbox within a week after Allegiance receives your claim.

Direct Deposit: Send in the Direct Deposit form with a voided check, or sign up online at www.allegianceflexadvantage.com and Allegiance will electronically deposit reimbursements directly into your checking account.

Debit Card: Your employer offers debit cards as part of the Flex Plan at a cost of \$10.00 per year. That fee will be paid by MUS for the July 1, 2013-June 30, 2014 plan year. You may use the debit card to pay for medical and/or dependent care expenses. Documentation for the expense may be required, and should be saved for all debit card transactions.

Claims for eligible expenses that were incurred during the plan year (July 1, 2013 - June 30, 2014) must be received by Allegiance by September 30, 2014, to be eligible for reimbursement. If you terminate employment during the plan year, your participation in the plan ends, subject to COBRA limitations. However, you still may submit claims through September 30, 2014, if the claims were incurred during your period of employment, and during the plan year.



MSU Bozeman



MSU Billings



Helena College

Understanding Your Employee Health Plan

Financial security is a concern for most families. One of the biggest threats to our financial security is the potential for devastating costs due a serious illness. Fortunately, we can help.

As employees of the Montana University System (MUS), we step up and protect one another by participating in the Montana University System Employee Benefit Plan (MUS Plan).

In the 2014 plan year, we will spend approximately \$75,000,000 to cover 18,000 people including employees, retirees, and their dependents. We pool our resources (*self-insure*) to pay health care claims costs. We keep administrative costs lower (5-7%) by self-insuring our plan versus paying 10-15% for administrative costs if we bought insurance.

As members of the self-insured pool, we all have a direct stake in how that \$75M is spent and our actions can have a direct impact on how much the cost goes up year to year.

During the next year, 5% of our population (about 900 people) will use 67% of the total dollars (\$50M). Within the 5% is a subset of about 50 people with extremely high cost claims (i.e., greater than \$100,000 per claim) that will total 15% of claims (\$11.25M). The table below shows the spending breakdown.

Severity of Claims	# of Members	Percent of Total Plan Population	Average Cost per Claimant	Percent of Total Plan Expenditures
Very High Cost (>\$100K)	50	0.25%	\$150-200,000 each	15%
High Cost (top 5%)	850	4.75%	\$50,000 each	52%
Remainder (95%)	17,000	95.00%	\$1,400 each	33%

There are six major conditions that account for most of the dollars spent by the top 5%:

- Cardiac issues
- Diabetes
- Renal failure
- Cancer
- Orthopedic issues (backs, hips and knees)
- High cost newborns (premature births, preventable birth defects)

If you or a family member, coworker or friend has or is at risk for one of these conditions, we can help. The MUS plan offers specific programs designed to reduce the severity of the illness, improve outcomes, and reduce the cost of treating the condition. Please take a moment to review the Preventive Benefits, WellCheck Screening, and Take Control program information in this Workbook and call us.

For all MUS plan members, we are implementing new Wellness programs and opportunities to improve our members' health. **Your actions make a difference**, so here is your challenge for the upcoming year!

- Attend a health screening each year and encourage eligible family members to get screened.
- Learn about your risk for the six major conditions and find out what you can do to stay out of the Top 5% - You don't want to be at the head of this class!
- Take advantage of the programs MUS offers to assist members with improving and maintaining their health: Preventive services, Wellness programs, Take Control, WellBaby, etc.
- Make a plan for taking care of yourself/your health.
- Involve your primary care doctor in your personal health plan. (Find a primary care doctor if you do not have one.)
- Spend health care dollars as if they were coming directly out of your pocket – after all, they actually are YOUR dollars!

Let's work together to ensure that you and your family live long, healthy, productive and secure lives!

Resources

- 33....Medical Spending Worksheet
- 34....Privacy Rights & Plan Documents
- 35....Glossary
- 38....Listing of Plan Services Areas



Medical Spending Worksheet

Monthly Out-of-Pocket Benefit Premium Costs

Active Employees Employer Contribution for July 2013 through June 2014	\$ <u>806</u> (a)
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MANDATORY (must choose) BENEFITS (unless you waive all benefits)

<p>MEDICAL PLAN (rates on page 4)</p> <p>DENTAL PLAN (rates on page 17)</p> <p>LIFE INSURANCE (rates on page 22)</p> <p>LONG TERM DISABILITY (rates on page 22)</p>	<p>Traditional Plan</p> <p>Allegiance Managed Care</p> <p>BCBS Managed Care</p> <p>PacificSource Managed Care</p> <p>Basic Premium</p> <p>Basic Life/AD&D \$15,000</p> <p>Basic Life/AD&D \$30,000</p> <p>Basic Life/AD&D \$48,000</p> <p>Option 1</p> <p>Option 2</p> <p>Option 3</p>	<p>\$ _____ (b)</p> <p>\$ _____ (b)</p> <p>\$ _____ (b)</p> <p>\$ _____ (b)</p> <p>\$ _____ (c)</p> <p>\$ _____ (c)</p> <p>\$ _____ (d)</p> <p>\$ _____ (d)</p> <p>\$ _____ (d)</p> <p>\$ _____ (e)</p> <p>\$ _____ (e)</p> <p>\$ _____ (e)</p>
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TOTAL REQUIRED BENEFITS PREMIUM	Add lines b, c, d, and e	\$ _____ (f)
--	--------------------------	--------------

OPTIONAL (voluntary) BENEFITS (Pre-tax)

<p>VISION PLAN (rates on page 28)</p> <p>FLEXIBLE SPENDING ACCOUNT (FSA) (page 29)</p>	<p>Medical</p> <p>Dependent</p>	<p>\$ _____ (g)</p> <p>\$ _____ (h)</p> <p>\$ _____ (i)</p>
--	---------------------------------	---

TOTAL OPTIONAL BENEFITS PREMIUM (Pre-Tax)	add lines g, h, and i	\$ _____ (j)
--	-----------------------	--------------

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR BENEFITS JULY 2013-JUNE 2014

MANDATORY BENEFITS	Enter amount from line (f)	\$ _____ (k)
OPTIONAL BENEFITS (Pre-Tax)	Enter amount from line (j)	\$ _____ (l)
TOTAL BENEFITS (Pre-Tax)	Add lines (k) and (l)	\$ _____ (m)
EMPLOYER CONTRIBUTION	Amount from line (a)	\$ <u>806</u> (n)
TOTAL MONTHLY OUT-OF-POCKET COST (Pre-Tax)	Subtract line (m) from line (n)	\$ _____ (o)

If line (o) is a negative amount, this is the left-over amount from state share.

If line (o) is positive, this amount is your out-of-pocket expense.

Note: the amount in line (o) reflects pre-tax expenses only.

OPTIONAL (voluntary) BENEFITS (Post-tax)

<p>SUPPLEMENTAL LIFE (page 23)</p> <p>SUPPLEMENTAL LIFE + AD&D (rates on page 24 & 25)</p>	<p></p> <p></p>	<p>\$ _____ (p)</p> <p>\$ _____ (q)</p>
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OPTIONAL BENEFITS (Post-Tax)	Add lines (p) and (q)	\$ _____ (r)
-------------------------------------	-----------------------	--------------

Note:

If you select the optional Long Term Care benefit, UNUM will provide the rate. This benefit has not been included on this worksheet.

**** Your benefit premiums will be applied as pre-tax or post-tax based on amounts eligible for pre-tax vs. post-tax.

Privacy Rights & Plan Documents

Under a federal privacy law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, group health plans must generally comply with the requirements listed below. However, the law also permits state and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is “self-funded” by the employer, rather than benefits provided through a fully insured health insurance policy. The Montana University System Employee Group Benefit Plan, which is a non-federal, self-funded plan, has elected to exempt MUS from #5 and #7 of the following requirements:

1. Limitations on pre-existing condition exclusion periods.
2. Special enrollment periods.
3. Prohibitions against discriminating against individual participants and beneficiaries based on health status.
4. Standards relating to benefits for mothers and newborns.
5. Parity in the application of certain limits to mental health benefits.
6. Required coverage for reconstructive surgery following mastectomies.
7. Coverage of dependent students on medically necessary leave of absence.

The exemption from these federal requirements will be in effect for the FY 2014 Plan Year which begins July 1, 2013 and ends June 30, 2014. The election may be renewed for subsequent plan years.

The MUS Plan presently provides dependent coverage independent of student status.

HIPAA also requires the Plan to provide covered employees and dependents with “certificate of creditable coverage” when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion of you joining another employer’s health plan, or if you wish to purchase an individual health insurance policy. Please contact your chosen health plan administrator identified on your MUS insurance card for more information regarding a certificate of creditable coverage.

This notice describes how medical information about you may be used.

The Montana University System Employee Group Benefit Plan has a duty to safeguard and protect the privacy of all plan members’ personally identifiable health information that is created, maintained, sent or received by plan employees or persons under MUS’s control.

The Montana University System Employee Group Benefit Plan has contracts with multiple Business Associates. Business Associates do claims processing and perform other health-related services associated with the plan such as counseling, psychological services and pharmaceutical services. These Business Associates and health care provider(s) must also, under HIPAA, protect a plan member’s personally identifiable health information from inadvertent, improper or illegal disclosure.

The Montana University System Employee Group Benefit Plan, in administering plan benefits, shares and receives personally identifiable medical information concerning plan members as required by law and for routine transactions concerning eligibility, treatment, payment(s), wellness program (including WellChecks), disease management programs (i.e., Take Control) healthcare operations, claims processing, including review of payments or claims denied and appeals of payments or claims denied, premiums paid, liens and other reimbursements, health care fraud and abuse detection and compliance. Information concerning those areas may be shared without a member’s written consent between MUS authorized benefit employees, their supervisors and our Business Associates, members’ providers or legally authorized governmental entities.

Full HIPAA policy available on Website or by contacting Campus HR

Glossary

Allowable Charges

A set dollar allowance for procedures/services that are covered by the plan.

Benefit Year/Plan Year

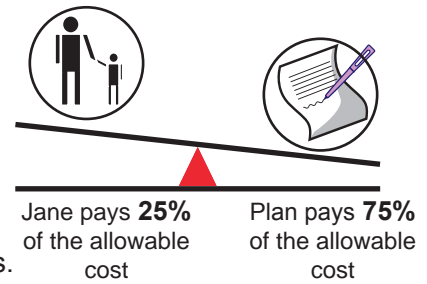
The period starting July 1 and ending June 30.

Certification/Pre-certification

A determination by the appropriate medical plan administrator that a specific service - such as an inpatient hospital stay - is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

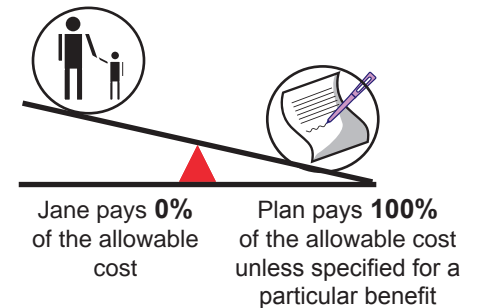
Coinsurance

A percentage of allowable and covered charges that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges. For example, if Jane has met her deductible for the Traditional Plan In-Network medical costs (\$1,000), she pays 25% of additional allowable costs and the plan pays 75% of allowable charges.



Coinsurance Maximum

The maximum dollar amount of any coinsurance that a member or family must pay in a plan year. Once the coinsurance maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The coinsurance maximum applies to the plan year July 1 through June 30, regardless of hire date. For example, Jane has met her coinsurance maximum of \$5,000 in the Traditional Plan so the plan pays 100% of allowable charges for any additional expenses.



Copayment

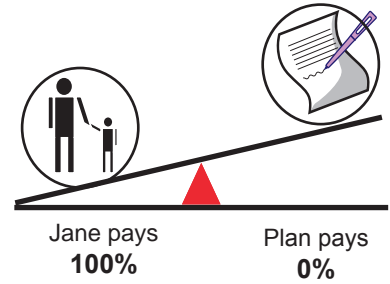
A fixed dollar amount for allowable and covered charges that a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

Covered Charges

Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical insurance plan.

Deductible

A set dollar amount that a member and family must pay before the medical plan begins to share the costs. The deductible applies to the plan July 1 through June 30. For example, Jane’s deductible under the Traditional plan is \$1,000. Her plan won’t pay anything until she has met her deductible.



In-Network Providers

Providers who contract with a plan to manage the delivery of care for plan members.

Managed Care Medical Plan

Plans that offer first dollar coverage for services such as office visits that are exempt from deductible. These plans also provide differing levels of benefits for in-network and out-of-network providers.

Out-of-Network Provider

Any provider who renders services to a member but is not a participant in the plan’s network.

Participating Provider

A provider who has a contract with the plan administrator to accept allowable charges as payment in full.

Prior Authorization

A process that determines whether a proposed service, medication, supply, or ongoing treatment is covered.

URx

A prescription drug management program developed by the Montana University System.



Availability of the MUS Summary Plan Description

All Montana University System (MUS) plan participants have the right to obtain a current copy of the Summary Plan Description (SPD). Despite the use of “summary” in the title, this document is the full legal description of the Plan’s medical, dental, and pharmacy plans and should always be consulted when a specific question arises about the plan.

Participants may request a hardcopy of the SPD and amendments describing the MUS managed care plans by visiting, writing, or calling their campus benefits office, or by writing to MUS Benefits, P.O. Box 203203, Helena, MT 59620-3203, or by calling the MUS Benefits Office at 406-444-2574, toll free 877-501-1722. Participants should know which medical plan they are enrolled in when calling or writing so that the correct amendment, if any, can be sent. An easier way to access this information for many participants is to visit the MUS website at

www.choices.mus.edu. Using the FIND function on your computer will help you to locate the section you need quickly.

All participants are given or mailed a copy of the **CHOICES** Annual Benefits Enrollment Workbook or Retiree Workbook each spring during the annual enrollment period. These workbooks list the various required and optional programs available, and their premiums. We encourage participants to retain this book until it is replaced the following year, as it provides most of the information needed by participants and their families to properly utilize their benefit plans. If additional information is needed after referring to **CHOICES** Annual Benefits Enrollment book or the SPD, either the campus benefit office or the MUS Benefits Office should be able to help. Also, many problems can be resolved by contacting the customer service department of the appropriate program administrator.

Dependent Hardship Waiver

The MUS Benefit Plan offers a dependent hardship waiver to allow medical coverage for children. The family must first apply for Healthy Montana Kids (HMK) for all children under the age of 19. If HMK denies coverage and the family has a hardship, an application may be submitted to MUS Employee Benefits requesting the Dependent hardship waiver. If the total household income is not more than 115% of the HMK guidelines, the dependent children will be eligible for the waiver for the plan year. For more information, please contact your campus Human Resources office or call MUS Benefits at 406-444-2574, or toll free at 877-501-1722.

★ Self Audit Award Program



Be sure to check all bills from your medical providers to ensure charges have not been duplicated or billed for services you did not receive. **When you detect billing errors that result in a claims adjustment, the plan will share the savings with you!** You may receive an award of 50 percent of the savings, up to a maximum of \$1,000.00.

The Self Audit Award Program is available to all plan members who identify medical billing errors which:

- Have not already been detected by the Plan’s claims administrator or reported by the provider;
- Involve charges which are allowable and covered by the MUS Group Health Plan, and
- Total \$50 or more in errant charges.

To receive the self-audit award, the member must:

- Notify the claims administrator of the error before it is detected by the administrator or the health care provider,
- Contact the provider to verify the error and work out the correct billing, and
- Have copies of the correct billing sent to the claims administrator for verification, claims adjustment and calculation of the self-audit award.

In-Network Hospitals Managed Care Plan

This is subject to change. See plan websites for updates

Allegiance Network Hospitals

Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Advanced Care Hospital
Billings	Billings Clinic
Billings	Morledge Family Surgery Center
Billings	St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Cut Bank	Nothern Rockies Medical Center
Deer Lodge	Powell County Medical Center
Dillon	Barrett Hospital and Healthcare
Ennis	Madison Valley Hospital
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Glasgow	Francis Mahon Deaconess Hospital
Glendive	Glendive Medical Center
Great Falls	Benefis Health Care
Great Falls	Central Montana Surgery Center
Great Falls	Orth Ctr of MT Ambulatory Surg Ctr
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Shodair Children's Hospital
Helena	St. Peter's Hospital
Kalispell	HealthCenter Northwest
Kalispell	Kalispell Regional Medical Center
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Miles City	Holy Rosary Health Care
Missoula	Missoula Community Medical Center
Missoula	St. Patrick Hospital
Phillipsburg	Granite County Medical Center
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Scobey	Daniels Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Care
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital
White Sulphur Springs	Mountain View Medical Center
BCBSMT (Blue Choice)	
Anaconda	Community Hospital of Anaconda
Baker	Fallon Medical Complex
Big Sandy	Big Sandy Medical Center

Big Timber	Pioneer Medical Center
Billings	Advanced Care Hospital
Billings	Billings Clinic Hospital
Billings	Morledge Family Surgery Center
Billings	St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Circle	McCone County Health Center
Columbus	Stillwater Billings Clinic
Conrad	Pondera Medical Center
Culbertson	Roosevelt Memorial Medical Center
Cut Bank	Northern Rockies Medical Center
Deer Lodge	Deer Lodge medical Center Hospital
Dillon	Barrett Hospital & Healthcare
Ekalaka	Dahl Memorial Healthcare Association
Ennis	Madison Valley Hospital
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Glasgow	Frances Mahon Deaconess Hospital
Glendive	Glendive Medical Center
Great Falls	Benefis Healthcare
Great Falls	Orth Center of MT Ambulatory Surg Ctr
Great Falls	Central Montana Surgical Center
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Shodair Children's Hospital
Helena	St. Peter's Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Kalispell	HealthCenter Northwest
Lewistown	Central Montana Medical Center
Libby	St. Johns Lutheran Hospital
Livingston	Livingston Memorial hospital
Malta	Phillips County Medical Center
Miles City	Holy Rosary Healthcare
Missoula	Cosmetic Surgical Arts
Missoula	St. Patrick Hospital
Missoula	Community Medical Center
Phillipsburg	Granite County Medical Center
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Poplar	Poplar Community Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Scobey	Daniels Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Hospital
Townsend	Broadwater Health Center
White Sulphur Sp	Mountain View Medical Center
Whitefish	North Valley Hospital
Wolf Point	Northeast Montana Health Services, Inc.

Note: It is a good idea to contact the claims administrator for the plan you've chosen to make sure your provider is in-network prior to receiving services. This will help you avoid unanticipated out-of-pocket expenses.

Hospitals/Facilities

This is subject to change. See plan websites for updates

In-Network Hospitals Managed Care Plan

PacificSource Network Hospitals

Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Advanced Care Hospital of MT
Billings	Billings Clinic Hospital
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Memorial
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Colstrip	Colstrip Medical Center
Conrad	Pondera Medical Center
Culbertson	Roosevelt Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Ennis	Madison Valley Medical Center
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Glasgow	Frances Mahon Deaconess Hospital
Glendive	Glendive Medical Center
Great Falls	Benefis Healthcare
Great Falls	Great Falls Clinic Medical Center
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Helena	Shodair Hospital
Kalispell	Kalispell Regional Medical Center
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center
Phillipsburg	Granite Co. Medical Center Hospital
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Poplar	Community Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Healthcare
Scobey	Daniels Memorial Hospital
Shelby	Marias Medical Center
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Hospital
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital
White Sulphur Spr	Mountain View Medical Center

Traditional Plan

Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	St. Vincent Healthcare
Bozeman	Bozeman Deaconess
Butte	St. James Healthcare
Chester	Liberty County Hospital & Nursing Home
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Cutbank	Northern Rockies Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Health Care
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Glasgow	Frances Mahon Deaconess Hospital
Glendive	Glendive Medical Center
Great Falls	Benefis Healthcare
Great Falls	Central Montana Surgery Center
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	Kalispell Regional Medical Center
Libby	St. John's Lutheran Hospital
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick Hospital
Philipsburg	Granite County Medical Center
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital and Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Health Care
Scobey	Daniels Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Center
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital
White Sulphur Springs	Mountainview Medical Center

Note:

It is a good idea to contact the claims administrator for the plan you've chosen to make sure your provider is in-network prior to receiving services. This will help you avoid unanticipated out-of-pocket expenses.

Scratch Paper

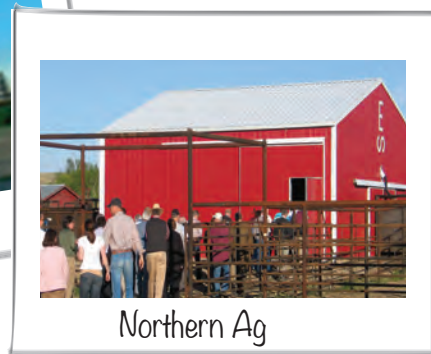


Don't Forget:

Summary of Benefits and Coverage (SBC) forms can be found by visiting the following website: www.choices.mus.edu/SBC.asp These forms, required by PPACA, detail what each plan covers.



Central Ag Station



Northern Ag



Creston Ag Station

RESOURCES

Montana University System Benefits
Office of the Commissioner of Higher Education
(406) 444-2574 * Fax (406) 444-0222 * Toll Free (877) 501-1722
www.choices.mus.edu

HEALTH PLANS

ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC. - Traditional Plan &
Allegiance Managed Care Plan
Customer Service 1-877-778-8600
Precertification 1-800-342-6510
www.abpmpa.com/mus

BLUE CROSS AND BLUE SHIELD OF MONTANA - Managed Care Plan
Customer Service 1-800-820-1674 or 447-8747
www.bcbsmt.com

PACIFICSOURCE HEALTH PLAN - Managed Care Plan
Customer Service 406-442-6589 or 1- 877-590-1596
Pre-Authorization: 406-442-6595 or 877-570-1563
www.PacificSource.com/MUS

DELTA DENTAL INSURANCE COMPANY
Customer Service 1-866-579-5717
www.deltadentalins.com/MUS

EYEMED VISION CARE
Customer Service 1-866-723-0513
www.eyemedvisioncare.com/access (prior to enrollment)
www.eyemedvisioncare.com (after enrollment)

ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC. - Flex Plan Administrator
Customer Service 1-877-778-8600
www.allegianceflexadvantage.com

URx – PRESCRIPTION DRUG PROGRAM

www.URx.mus.edu
ASK-A-Pharmacist 1888-527-5879
Plan Exception Processing Dept. 1-888-527-5879
Plan Exception Fax:406-513-1928

MEDIMPACT
Customer Service 1-888-648-6764

MAILORDER PRESCRIPTION DRUG PROGRAM
RIDGEWAY MAIL ORDER PHARMACY – www.ridgewayrx.com
Customer Service 1-800-630-3214
Fax: 406-642-6050

MEDVANTX MAIL ORDER PHARMACY
Customer Service 1-877-870-6668

DIPLOMAT SPECIALTY PHARMACY
Customer Service 1-877-319-6337

STANDARD LIFE INSURANCE – Life and Disability
Customer Service 1-800-759-8702
www.standard.com

UNUM LIFE INSURANCE – Long Term Care
Customer Service 1-800-822-9103
www.unum.com